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By

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Understanding Emerging Adulthood from the Perspective of those
Transitioning from Foster Care and Those Experiencing Homelessness:
The Role of Policy in Supporting Competency
During the Transition to Adulthood

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by

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Dedication

This dissertation is dedicated to Dominick and Allie. You are the reason to love, the reason to persevere, the reason to write, the reason to read, the reason to question, the reason to hope... You are the reason for it all.

"It doesn't matter how much rain you get in life, you always have rainbows"---J...20 years old, homeless, college student and advocate

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Understanding Emerging Adulthood from the Perspective of those Transitioning from Foster Care and Those Experiencing Homelessness: The Role of Policy in Supporting Competency During the Transition to Adulthood

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The unsatisfactory achievement of adult competency among emerging adults aging out of foster care is well documented. However few studies have examined how development within the child welfare system impacts the ability to achieve competence. In this study, homeless emerging adults who had not aged out of foster care were compared to peers who were homeless and aged out of foster care. The child welfare system is a unique environment with its own policies. In order to better understand the process of development within the child welfare system, the current study used life course developmental theory to understand how the child welfare system affects the development of children and their ability to achieve competencies. Specifically, the role of learned helplessness in influencing the developmental trajectory of children aging out of foster care was examined. The data were collected utilizing participatory action research methods and the use of this methodology among homeless emerging adults is explored.

The current study analyzes data collected by the Texas Network of Youth Services. The study examined issues surrounding the transition to adulthood among

homeless emerging adults using a participatory action research methodology. The sample included emerging adults 18 to 25 years old who were homeless (n=134). A subset of the sample aged out of foster care. The results indicated that, 1) homeless emerging adults who have not aged out of foster care may be an appropriate comparison group for those who have aged out, 2) homeless emerging adults who aged out of foster care were more likely to have a perception of learned helplessness that may impede their ability to achieve adult competency when compared to those who did not age out of foster care, and 3) despite receiving services to prepare them for adulthood, homeless emerging adults who aged out of foster care had just as much difficulty achieving adult competency as their homeless peers who did not receive these services. Finally, results showed that the use of participatory action research among homeless emerging adults may be a promising approach for future research. Participants expressed feeling empowered and having perceptions that indicated self-efficacy. This indicated that this type of methodology may be promising in altering perceptions of learned helplessness.

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Chapter 1: Introduction and Overview

It is estimated that between 600,000 and 3.5 million people will experience homelessness in a year (National Law Center on Homelessness and Poverty, 2007; Congressional Research Service, 2005). Previous research estimates that there are between 1 and 2 million youth in the United States that are classified as runaway or homeless (Ringwalt, Greene, Robertson, McPheeters, 1998). Measurement of homelessness can be challenging. One challenge is that there is no single definition of homelessness. Most programs offered at the federal level classify a person as homeless if they are without a permanent home or if their residence is a temporary housing shelter. It is even more difficult to determine the number of homeless emerging adults, youth between the ages of 18–25, as measurement is generally classified as youth (under age 18) and adult (over 18). This is problematic as homelessness may impacts emerging adults differently than older adults due to the unique developmental challenges they face.

Among homeless emerging adults, a large subset has experienced child welfare intervention. Approximately 510,000 children reside in foster care in the United States (U.S. Department of Health and Human Services, 2008) and each year, 20,000 to 25,000 of youth age out of foster care into independent living situations which frequently end in homelessness (Allen & Nixon, 2000; Children’s Aid Society, 2001; U.S. Department of Health and Human Services, 2006). For example one study, estimated that as many as 65% of emerging adults experience homelessness when they transition from foster care (California Department of Social Services, 2002).

The consequences of homelessness during the transition to adulthood can be severe and have a negative impact on the development of adult competency (i.e., employment, health, education, social support). Homelessness places emerging adults at risk for psychological problems, substance abuse and dependence, family conflict, abuse and neglect, and delinquent behaviors (Baron & Hartnagel, 1998; Chen, Tyler, Whitbeck, & Hoyt, 2004; Ensign, 1998; Kaufman & Widom, 1999; Votta & Manion, 2004; Wolfe, Toro, & McCaskill, 1999).

Given the inability of both the general population of homeless emerging adults and those who are homeless and age out of foster care to achieve adult competency, policy makers have attempted to enact supportive services to assist them during the transition to adulthood. More policies and funding have focused on assisting youth transitioning from foster care (ie Foster Care Independence Act of 1999, Fostering Connections to Success and Promoting Adoptions Act of 2008) compared to the general population of homeless emerging adults (ie The McKinney– Vento Homeless Assistance Act of 1987). Unfortunately, current policies have not routinely been based on formal theories; instead they are often based on the assumptions of policy makers as to the causes of a problem and its solutions. Current foster care policies appear to be formulated on the idea that creating foster families (which are structured to act as substitute families), in combination with material supports (life skills classes, housing assistance, etc.) provides the support necessary for a child to successfully achieve the developmental task of competency in transitioning to adulthood (Adoption and Safe Families Act, 1997; Foster Care Independence Act, 1999; Fostering Connections to

Success and Promoting Adoptions Act, 2008; Promoting Safe and Stable Families Amendment, 2001). The current outcomes of youth who age out of foster care would suggest that this theory, and the assumptions inherent in it, is inaccurate.

Few studies in the child welfare literature have examined how development within the child welfare system impacts the ability to achieve adult competency. The current research base clearly documents that emerging adults exiting foster care are failing to achieve competency, but the process of how and why this is happening is unclear. Further, little research has incorporated the perspective of the youth.

Using data from a project conducted by the Texas Network of Youth Services, the purpose of this study is to explore how growing up in the child welfare system may impact emerging adult competency:

- Assess the viability of using the general population of homeless emerging adults as a comparison group for those who are homeless and aged out of foster care.
- Compare perceptions of learned helplessness between the two groups.
- Analyze differences in competence between the two groups.
- Describe how participatory action research might expand the methodology for homeless emerging adults

Homelessness among Youth in Emerging Adulthood

This dissertation relies on the perspective of emerging adulthood as conceptualized by Arnett (2000). Emerging adulthood is defined this as a distinct developmental stage occurring between the ages of 18 and 25 years old. Arnett (2000) describes the major developmental tasks during emerging adulthood as *accepting responsibility for one's self, making independent decisions, and becoming financially independent* (Arnett, 2000). Research conducted by Arnett (2000) shows that individuals in emerging adulthood do not describe themselves as either adolescent or adults, and they list the three tasks as those necessary to achieve adulthood. Arnett's theory of emerging adulthood establishes the transition to adulthood as a distinct developmental period in which individuals experience significant uncertainty.

In general, emerging adults who have childhood experiences of abuse, substitute care placement, parental substance abuse, or housing instability are at increased risk for homelessness (Burt, 1999). Homeless emerging adults are more likely to be victims of physical and sexual assault, to suffer from depression, and to experience drug abuse and dependence than their peers with stable housing (Rosewater, 2003; Tyler, & Johnson, 2006; Wenzel, Hambarsoomian, Amico, Ellison, & Tucker, 2006).

Connection between Homelessness and Foster Care

Research has made significant contributions to understanding risk factors associated with foster care placement (for a review see Pecora, Kessler, Williams, O'Brien et al., 2005). Additionally a significant amount of research has added to our understanding of the impact of homelessness during the transition to adulthood (for a

review see Votta & Manion, 2004). However, these studies have been limited to describing the multiple poor outcomes among these populations (Courtney, Terao, & Bost, 2004; Pecora, Kessler et al., 2006; Urban Institute, 2008). It is unclear if homelessness is experienced or managed differently for those aging out of foster care. If homelessness is a different experience for those aging out of foster care, then it might be necessary for the policies intended to support emerging aging out of foster care to account for this difference.

Emerging adults transitioning from foster care report housing as a major concern (Choca et al., 2004). Housing problems are compounded due to a shortage of transitional living housing. Youth often have to rely on homeless shelters which may not be appropriate settings for this high-risk population (Choca, et al., 2004). Many youth leaving the child welfare system have special housing needs. For example, they may require residences with additional space for children, and many are managing disabilities, substance abuse issues, and medical problems while dealing with unstable housing conditions (Choca, et al., 2004).

The consequences of homelessness for emerging adults transitioning from child welfare can be severe. A history of foster care placement is a risk factor for homelessness which in turn is associated with physical and mental health concerns (Hwang, 2000; Kushel, Perry, Bangsberg, & Moss, 2002; Yen et al., 2009). This is of particular concern given the inordinately high incidence of health problems among this population prior to aging out (Courtney, et al., 2005; English, et al., 2006). Homelessness is associated with decreased utilization of health care among young adults transitioning

from foster care over and above the under utilization typical of this age group (Kushel, Yen, Gee, & Courtney, 2007). Housing problems are compounded by a lack of education, employment, and income for emerging adults aging out of foster care. An additional detriment is the lack of a support system to rely on when youth face a housing or economic crisis.

Homelessness and Competency

The concept of competence is a major focus of the research in this dissertation so a discussion about the connection between homelessness and competence is discussed below to provide a framework for the reader.

Research has consistently documented that homeless emerging adults experience deficits in achieving milestones necessary for a successful transition to adulthood. These deficits include difficulties in achieving competency, or positive outcomes, in the areas of physical health, mental health, education, employment, housing, and relationships (Courtney, Terao, & Bost, 2004; Pecora, Kessler, O'Brian, White et al., 2006; Urban Institute, 2008).

The conceptual framework guiding this research, that will be discussed in depth at the end of this chapter, incorporates the concept of competency. Competence is defined by Waters and Sroufe (1983) as an “ability to generate and coordinate flexible, adaptive responses to demands and to generate and capitalize on opportunities in the environment” (pg. 80). This definition fits well with examining human development and is consistent with life course theory which will be explored further in this section. Although Waters & Sroufe (1983) first conceptualized this view of competence in 1983 it continues to be utilized by

researchers in a variety of fields including education, health, mental health, and human development (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Benson, Leffert, Scales, & Blyth, 2012; Carlson, Egeland, & Sroufe, 2009; Duncan, Ziol-Guest, & Kalil, 2010; LaFontana, & Cillessen, 2010; Toth, Rogosch, Sturge-Apple, & Cicchetti, 2009; Osher, Bear, Sprague, & Doyle, 2010; Bascoe, Davies, Sturge-Apple, Cummings, 2009). Further, the journal *Developmental Review* cited Waters & Sroufe's original 1983 work as the second most influential article among developmental scientists (Brainerd, 2006), suggesting that this original work continues to have a large influence on work in the field of development.

According to Waters & Sroufe's (1983) conceptualization of competence, an individual gains competence in one developmental transition and then they carry those skills into the next transition and are thus more fully prepared for the challenges they face. Further, Waters and Sroufe (1983, pg. 81) directly tie competence to developmental outcomes stating, "The competent individual is one who is able to make use of environmental and personal resources to achieve a good developmental outcome" .

It is important to differentiate between competence and adaptation if we are to achieve long-term positive outcomes for individuals throughout the life course. Adaptations may be positive in the short-term but competence by definition must be tied to a positive developmental outcome. It is possible to have an adaptation that initially is helpful but later interferes with development. For instance a child may learn to adapt by

disassociating during traumatic experiences but this adaptation may hinder later development of healthy adult relationships (Waters & Sroufe, 1983).

The concept of competency also stresses the importance of resources within the environment, but specifically focuses on the individual's ability to utilize the environment as opposed to the actual quality of environmental resources. Competence can be present regardless of the quality of environment (Waters & Sroufe, 1983). Instead, competence focuses on the ability of the individual to use the environment in a manner that is developmentally advantageous for them. The concept of resources within the particular individual is also important to Waters & Sroufe's (1983) theory of competence. Individual resources are factors such as self-esteem, coping skills, or specific abilities that assist the individual in gaining maximum advantage from the environment. Competence is best measured by successful development as opposed to environmental resources or individual resources since what promotes competence at any given point in time and circumstance, may change for each individual and the challenges they are facing (Waters & Sroufe, 1983). An individual asset in one context may be a liability in another. Therefore, competence is defined as the ability to utilize resources (an action or process) not a particular resource.

Since the definition of competence is directly linked to a good developmental outcome, it becomes essential to define a positive developmental outcome. Research on different developmental stages, such as emerging adulthood, focus on desirable outcomes for that stage as a precursor to healthy adulthood. It is important for measures of competency to meet the criteria of addressing needs and issues during the developmental

phase being examined, provide the resource and preparation needed for the next developmental phase, and not predict poor development in the next phase (Roisman, Masten, Coatsworth, & Tellegen, 2004; Waters & Sroufe, 1983).

Successful maneuvering through the developmental period of emerging adulthood can be discussed in terms of competency. Successful development for an emerging adult can be measured by examining their competency in key tasks used to define adulthood. These tasks include housing stability, employment/income, education, social relationships, physical health, and mental health. The measurement of these concrete tasks has traditionally been the way researchers have measured competence among homeless emerging adults (Courtney, Terao, & Bost, 2004; Pecora, Kessler, O'Brian, White et al., 2006; Urban Institute, 2008). This concrete measure of competence provides useful but limited information. It does not provide a framework for understanding the mechanism of developing competence and adaptations that may occur in the developmental process that later impedes competence. Specifically, the current study will examine the concept of learned helplessness, which will be discussed below, and its role as an adaptation that may impair homeless emerging adults' ability to achieve these concrete competencies.

Maier and Seligman (1976), theorize that learned helplessness occurs in situations where an individual is presented with events which are out of their control and they learn that their responses are not connected to or don't affect the outcome. The learning that takes place in an environment that is uncontrollable translates to future events and undermines the individuals' motivation to initiate responses to affect future events.

Learning that an outcome is independent of a response makes it difficult for the person to later learn that a response can or does produce an outcome (Maier, & Seligman, 1976). This then results in a lack of motivation, a lack of self efficacy, or a lack of motivation to respond to future events. Maier and Seligman's original theoretical work on learned helplessness continues to inform research in the fields of psychology, neuroscience, medicine, business, and education (Chen, Miller, Lachman, Gruenewald, Seeman, & Teresa, 2012; Dannenberg, Forster, & Jostman, 2012; Daniels, Stupnisky, Pekrun, Haynes, Perry, & Newall, 2009; McLaughlin, & Lefavre, 2010). This theory has added to the understanding of how learned helplessness impacts goal mastery in emerging adults (Daniels, et. al., 2009). It has also assisted researchers across disciplines in understanding the connection between learned helplessness and adult outcomes (Dannenberg, et. al., 2012; Chen, et. al., 2012; McLaughlin, et. al., 2010).

The current research examines the role of learned helplessness as a factor influencing the individual's development throughout the life course and ultimately impacting emerging adult competence. To understand the role that learned helplessness can have on development an examination of life course theory is presented.

Conceptual Framework for Understanding Development among Homeless Emerging Adults: Life Course Theory

Life course theory provides a model that explains the many directions that can be taken during development into adulthood (Elder, 1998). It also describes the factors that intervene to influence that trajectory (Elder, 1998). In order to evaluate the quality of

these developmental pathways and make comparisons based on adult outcomes the concept of competency has been incorporated into the model.

Life course theory explains human development in an ecological context. The basic premise of life course theory is that human development is shaped by changes within the environment. Previous research suggests that the differences between the homeless emerging adults who have not aged out of the foster care system and emerging adults who become homeless after aging out of foster care are the child welfare environment and the policy supports (The Foster Care Independence Act) foster youth receive. Contrary to models that study the “life cycle”, life course theory acknowledges the complex interaction of culture, and human and environmental diversity (Germain, 1994). Traditional models of human development view human development as predictable, linear, and with fixed stages (Erickson & Egeland, 1987; Erikson, 1959; Gould, 1978; Kohlberg, 1969; Piaget & Inhelder, 1969). In contrast, life course theory posits that an individual’s development can follow multiple paths based on the events that occur during the life course (see Figure 1.1) (Germain, 1994). Although life course theory is primarily a human development theory it is consistent with a social work perspective in that it acknowledges that life choices depend on the opportunities and disadvantages of the social structure and culture in which the individual exists (Elder, 1998). Further, life course theory has been incorporated into social work tradition and practice with its integration into the life course model of social work practice as describe by Germain and Gittermain (2008). Life course theory is based on four principals: 1)

historical time and place, 2) timing in lives, 3) linked lives, and 4) human agency (Elder, 1998).

Life course theory would suggest an emphasis on programs and policies that acknowledge the concept of “timing in life”; the age of the child when an event occurs affects their development. This, then, would indicate that programs cannot be one size fits all. Instead, adolescents and emerging adults will have different needs within the child welfare system. Research tells us that youth are likely to learn more when they are involved in the planning and execution of training and view the training material as relevant to their situation. Further, caregivers need training in order to provide developmentally appropriate services to prepare youth for independent living while they are in care (Choca, et al., 2004).

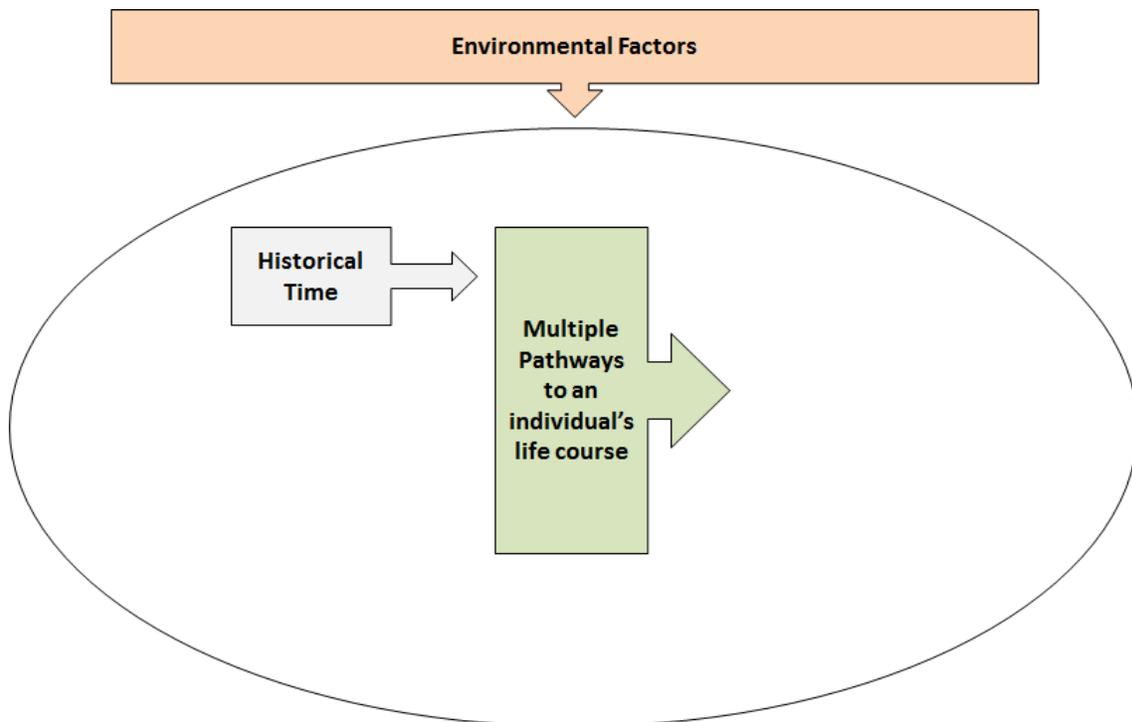
Similarly, the concept of “linked lives” needs to be incorporated into policy. Although it seems reasonable that development would be influenced by the other individuals in a youth’s life, this concept is largely ignored in policy and programming. Research is needed on an approach to assessing what impact different individuals have on the success or failure of an emerging adult. Also, this would indicate the need to evaluate all of the individuals in a particular structure prior to placement.

“Historical time” posits that an individual’s life course is influenced by the historical context and the places the individual experiences during their life (Elder, 1998). Developmental theorist established empirical support for this principal through longitudinal research on children who had experienced the Great Depression. In this research Elder (1998) found that those who experienced the economic hardship of the

Great Depression as adolescents experienced more favorable life trajectories than those who lived through the Great Depression as young children.

The diagram below (Figure 1.1) depicts all the potential paths that an individual's development can take. In reality the number of paths is infinite. The circle which represents the barrier between the individual and the environment is impacted by the the environmental and cultural context in which development occurs. Historical time is one of the factors that impact an individual's developmental path.

Figure 1.1.
Life Course Theory: Historical Time



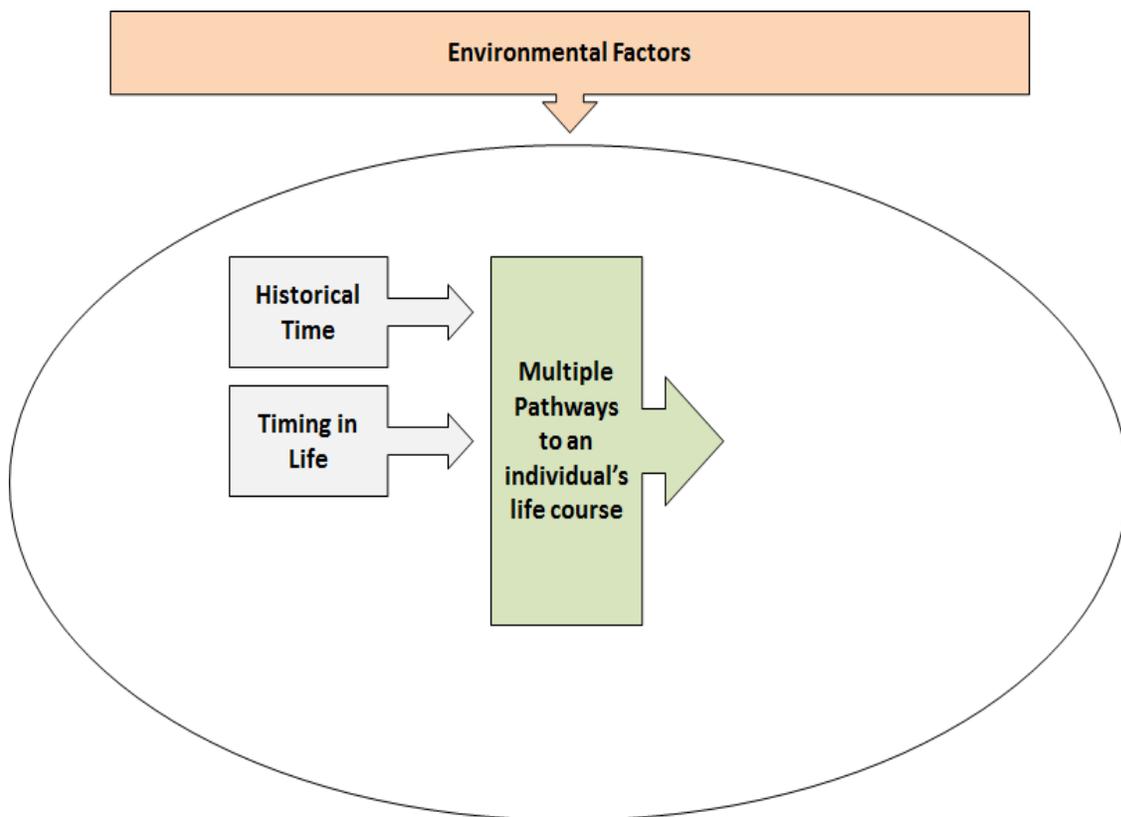
Historical Time = When in history a person lives will impact their developmental course

“Timing in lives” is defined as life events affect human development differently based on when in a person's life they occur (Elder, 1998). The timing of life transitions

(ex. marriage, childbearing) has long-term consequences on development as they affect future transitions (ex., educational achievement) (Elder, 1998). The timing of life events can result in a cumulative advantage or disadvantage.

In the diagram (see Figure 1.2) timing in lives is added to the model. Historical time and timing in lives are both factors that impact an individual's developmental path and have the potential to change the developmental trajectory.

Figure 1.2.
Life Course: Timing in Life

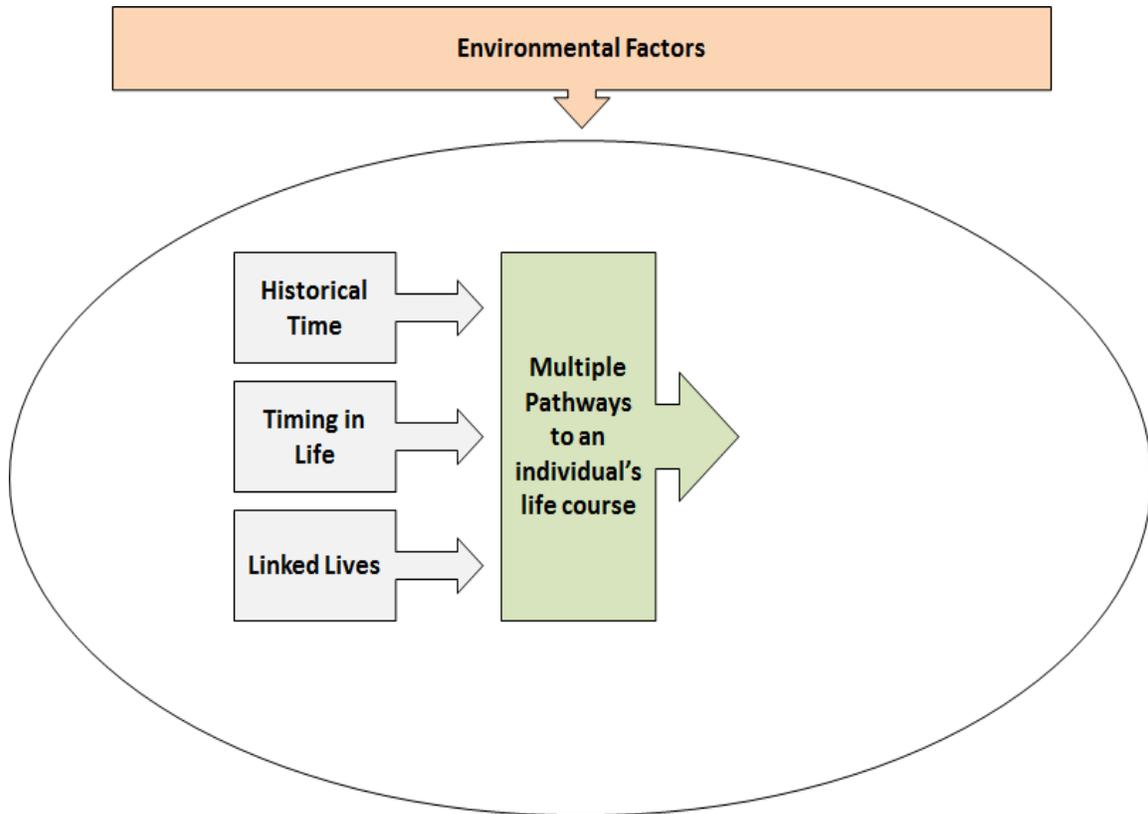


Historical Time = When in history a person lives will impact their developmental course
Timing in Life = What age an event occurs during a person's life will impact how they develop

In life course theory, the concept of linked lives refers to the interrelatedness of individuals. Individuals are interdependent and social and historical influences are transferred through relationships. Particularly, parents and children develop together, not separately (Bloom, 1980; Germain, 1991). This concept explains that the hardships experienced by one family member are passed on to other family members through their relationship (Elder, 1998). For example, in Elder's study of the children of the Great Depression the stress of the time increased explosiveness in fathers who were already prone to irritability, the increasing explosive behavior stressed the marriage and parenting and thus affected the development of the child (Elder, 1998).

The diagram (see Figure 1.3) shows that, similar to the previous depictions of the theory, linked lives is one of the factors in determining the developmental pathway.

Figure 1.3.
Life Course: Linked Lives

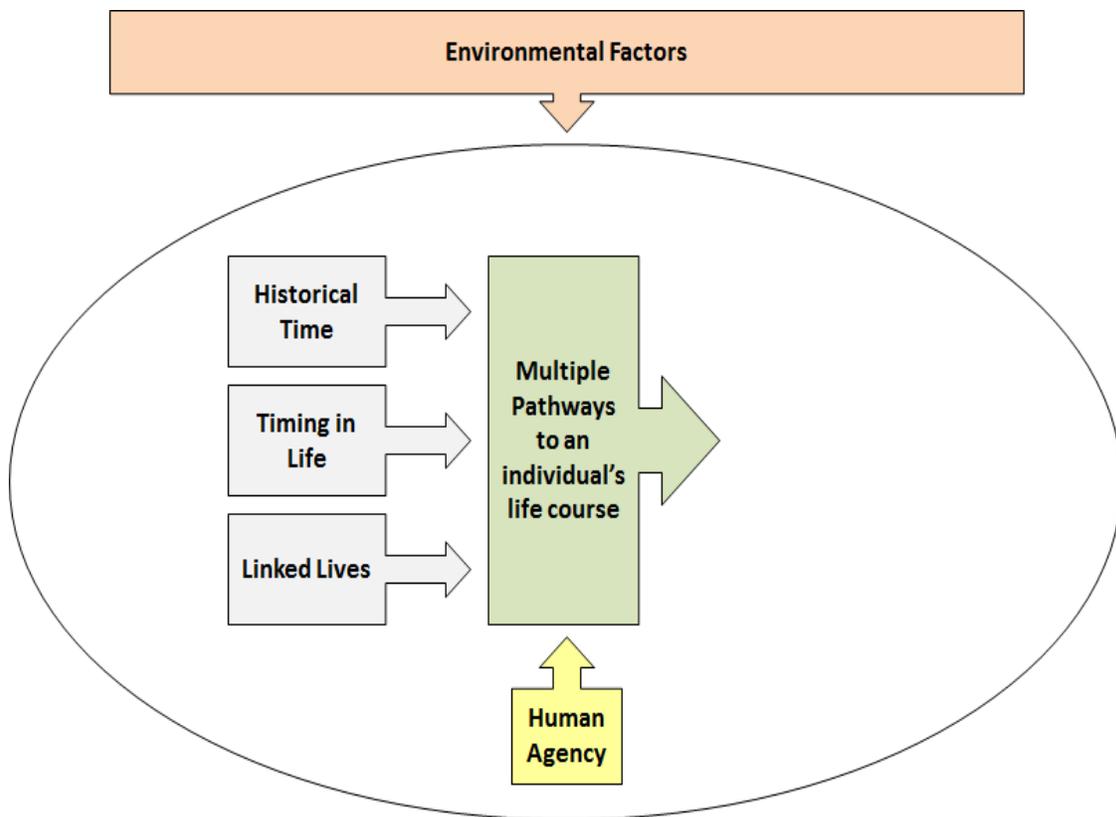


Historical Time = When in history a person lives will impact their developmental course
Timing in Life = What age an event occurs during a person's life will impact how they develop
Linked Lives = Who is in their life will impact how they develop

Finally, human agency is defined as how individuals shape their life course through their choices within the limitations and advantages of the history and social situation in which they live (Elder, 1998). This principle explains both the positive and negative adaptations individuals can make within their ecological context. For example despite the hardships of the Great Depression, Elder (1998) found that many families were able to effectively adapt to the environment by moving residence, or finding alternate incomes.

Figure 1.4 provides a visual depiction of the role of human agency in determining the developmental path. Despite the influence of historical time, timing in lives, linked lives, and environmental factors; each individual makes choices about how they respond that directly shapes their path. The complete model with the influence of all the components is displayed in Figure 1.4.

Figure 1.4.
Life Course: Human Agency



Historical Time = When in history a person lives will impact their developmental course
Timing in Life = What age an event occurs during a person's life will impact how they develop
Linked Lives = Who is in their life will impact how they develop
Human Agency = How an individual reacts to an event will impact their development

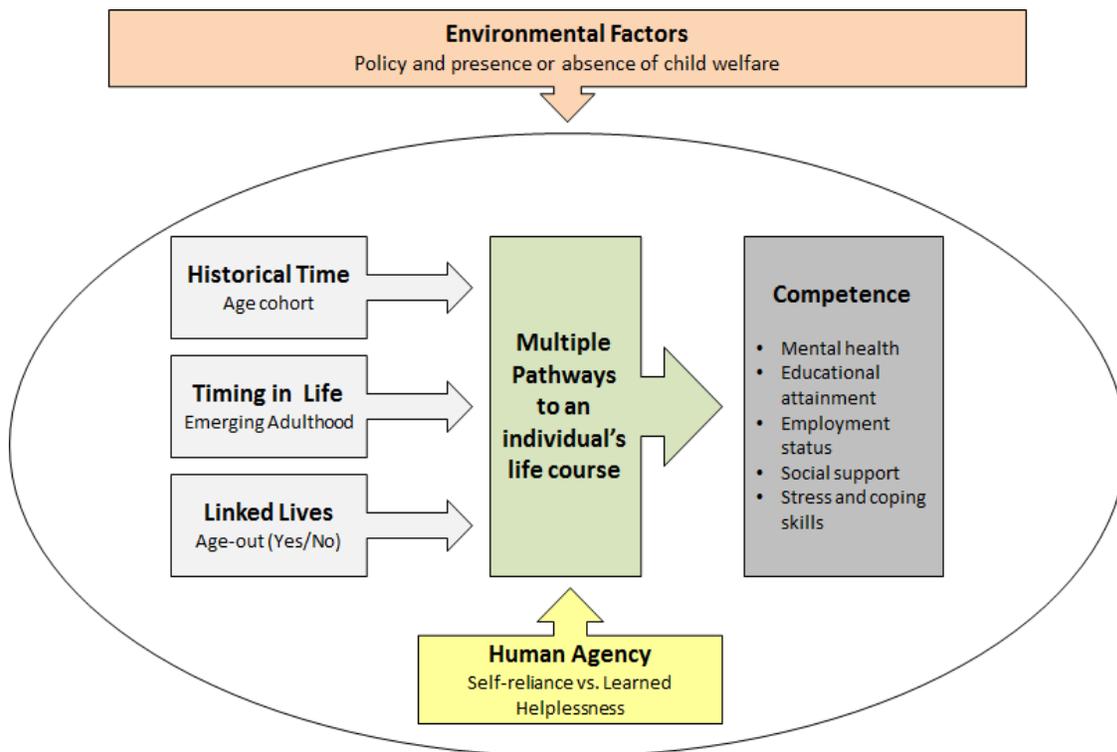
Conceptual Model

The theoretical work of developmental theorists explains that human behavior evolves within an environmental context. However, current policy in the area of emerging adults transitioning from the child welfare system, has largely ignored the developmental perspective in favor of structural solutions or the creation of foster homes, adoptive families, group homes, and residential facilities (ie Adoption Assistance and Child Welfare Act, Adopt and Safe Families Act, The Fostering Connections to Success and Promoting Adoptions Act, Keeping Children and Families Safe Act). Although it may be necessary to have alternative family structures when preservation of the biological family is not possible, the risk to healthy development this poses must be acknowledged and development must be supported. This dissertation explores the idea that problems faced by youth transitioning from foster care may be developmental not structural, suggesting a developmental approach to solving this problem.

Figure 1.5 visually illustrates the conceptual framework guiding this research. Whereas previous research has primarily focused solely on outcomes in adulthood, this dissertation research provides a holistic examination of the developmental experience of emerging adults. The developmental pathway of youth in the child welfare system is different from their peers who, although experiencing homelessness, did not age out of foster care. Both groups develop within their own unique ecology with distinctly different policies affecting them. Despite these differences, the two groups share that they are equally impacted by the factors in the life course: historical time, linked lives, and timing in life. All of these factors lead to emerging adult competency or lack thereof.

In the model depicted in Figure 1.5, the developmental trajectory and associated competencies are likely to vary for each group (aged out vs did not age out) of homeless emerging adults. In addition to variations based on individual characteristics such as human agency and the unique timing of life transitions, they are also influenced by ecological factors such as each groups' unique policy environment and changes in linked lives based on child welfare intervention.

Figure 1.5.
Conceptual Framework Guiding the Research



Several policies have been implemented in an effort to support emerging adults aging out of foster care (Foster Care Independence Act, 1999; Fostering Connections to Success and Promoting Adoptions Act, 2008). Little improvement has been noted

despite current policy efforts(Foster Care Independence Act, 1999; Fostering Connections to Success and Promoting Adoptions Act, 2008) to provide services to mediate the impact of developing within the child welfare system. The fact that outcomes continue to be poor despite repetitive and persistent policy making suggests the need to consider a theory with a developmental approach to the problem.

Life course theory suggests the reason that policies and programs have been ineffective at improving outcomes for emerging adults exiting foster care is that they have not acknowledged that this is a developmental process. Policies have attempted to treat the issue by creating alternative family structures (i.e. foster care) and have assumed that the developmental process will take place in any type of family structure (Adoption and Safe Families Act, 1997; Adoption Promotion Act, 2003). This theory suggests a different approach to the problem.

The Current Study

This research provides a comparison of homeless emerging adults who did not age out of foster care and those who did age out of foster care. Both groups share similar adult outcomes, but their paths to homelessness are distinctly different. The current study hypothesizes that emerging adults with a history of foster care arrive at the homeless experience through a system which encourages dependency whereas the general population of homeless emerging adults arrive at the homeless experience through an environment that fosters self-reliance. These different routes to homelessness and their implications for effective policies and services to address the problem of homelessness

among these populations must be understood to effectively addressing the lack of adult competence.

This research proposes that the structure of the child welfare system, and the policies and programs designed to support these youth, based on unsubstantiated theories and assumptions, actually decrease competence. The child welfare system teaches children to be helpless, dependent, and to have decisions made for them by other people. Such skills, it is proposed here, are in complete contrast to those needed to become functioning adults, given the predictably challenging developmental course these youth follow into adulthood.

This dissertation specifically addresses the phenomenon of poor transition to adulthood by youth who have experienced policy supports (i.e. benefits provided by the Foster Care Independence Act, Preparation for Adult Living Services). The primary research question proposed for this dissertation examines competency in the developmental transition to adulthood for emerging adults and asks: *Are there unique factors about developing within the foster care system that impact emerging adult competency?*

In order to answer this question, the research includes a close look at the participants' own perceptions about their ability to affect change in their own lives. Additionally, the theoretical concept of *linked lives* undergirds the research in that one of the primary differences between the two groups being examined (homeless who aged out of foster care and homeless who did not age out of foster care) is the individuals with whom they are "linked" during adolescence into adulthood. Emerging adults who grew

up in the foster care system were linked with artificially created relationships with foster parents, foster siblings, Court Appointed Special Advocates (CASA) volunteers, caseworkers, and judges. Additionally, they may have also had critical linkages disrupted. These linkages may include parents, extended family, siblings, schools, neighborhoods and friends. The second major difference between the two groups is in the difference in the policy environment experienced by each. Emerging adults aging out of foster care receive more supportive services than the general population of emerging adults (See Appendix E).

An examination of the current theory and research directed at the transition experiences and competency for emerging adults raised within the child welfare system suggests the following three specific research Aims and related Research Questions:

- **Specific Aim 1: Describe the sample.**—Two research questions will be used to achieve this aim:
 - Research Question 1.1—*What are the characteristics of the study sample, regarding demographics, length of homelessness and experience of abuse?*
 - Research Question 1.2—*What are the differences between homeless youth who have aged out of foster care and those who have not in age, gender, race, history of abuse, and length of homelessness?*

- **Specific Aim 2: Describe what is unique about growing up in foster care that impacts emerging adult competency.**—Three research questions will be used to achieve this aim:
 - Research Question 2.1—*What difference in learned helplessness do homeless emerging adults perceive between those who have aged out of foster care and those who have not?*
 - Research Question 2.2—*To what do homeless emerging adults attribute differences in learned helplessness between those who have aged out of foster care and those who have not?*
 - Research Question 2.3—*Is there a statistical difference in competence between homeless emerging adults who have aged out of foster care and those who have not?*

- **Specific Aim 3: Describe how participatory action research might be used to expand the methodology of working with homeless emerging adults .** Three research questions will be used to achieve this aim:
 - Research Question 3.1—*What is the experience of homeless emerging adults who are peer researchers?*
 - Research Question 3.2—*What are the thoughts of peer researchers about the use of participatory action research with this population?*
 - Research Question 3.3—*What is the peer researchers' perception of how participating as a peer researcher affected them?*

All of the young adults studied in this dissertation experienced the poor outcome of homelessness. The question this dissertation seeks to answer is whether there are unique factors about developing within the foster care system that impact emerging adult competency.

This dissertation seeks to contribute new information to the literature on emerging adults who age out of foster care. First, because there is limited information available comparing homeless emerging adults with those who have aged out of foster care, this dissertation will compare the two groups demographically to explore similarities and differences. Existing research suggests that both groups often share a similar history of disruption of family relationships, abuse and neglect, housing instability, school changes, and family substance abuse (Burt, 1999; Smart & Ogborne, 1994). Despite these similarities, legislation has treated the two groups as distinctly different.

Next by examining the experience and perceptions of homeless emerging adults in Texas, this research project will identify differences in self-reliance and learned helplessness between the two groups. Little is known about emerging adults' perceptions of self-reliance and learned helplessness or dependency. The current study will examine what is unique about the foster care environment and the experience of developing within the system.

Secondly, this research will examine the differences in competency between both groups of emerging adults (homeless who did not age out and homeless who aged out of foster care). Though numerous studies have found that both groups do poorly on criteria

used to measure competency, studies have not compared the two groups (Courtney, Terao, & Bost, 2004; Pecora, Kessler et al., 2006; Urban Institute, 2008).

Finally, this dissertation will examine the use of participatory action research which is well-defined by the phrase: “It is research with people rather than research on people” (Reason, 1994, pg. 1). Participatory action research emerged from the combined traditions of participatory research and action research. Combining these two traditions seeks to empower oppressed groups to develop and use their own knowledge by acting on the research within their community (Reason, 1994; Kemmis & McTaggart, 2005).

Although participatory action research is well documented with marginalized groups, its use with adolescents and emerging adults has been limited (O'Donoghue, Kirshner, & McLaughlin, 2004; Powers & Tiffany, 2006). This study is a departure from the literature on the transition to adulthood among high-risk youth because it utilized participatory action research methods to aid in the recruitment of subjects and to increase participant comfort in sharing information. Large bodies of existing literature examine outcomes. This study attempts to reflect both the youth voice regarding outcomes of current policies and programs, as well as the youth perspective on policy solutions.

The current dissertation will discuss current research on homelessness and homeless emerging adults. It also explores competency for homeless emerging adults and youth aging out of foster care in the areas of physical health, mental health, education, employment and income, and social support. Chapter 2 will include an examination of policy attempts to alleviate the problem of poor adult competence. Chapter 2 will conclude with a discussion of the significance of the study.

In Chapter 3, the study methodology will be explained, including a description of the target population from which the study sample was drawn, the recruitment and interview processes, and characteristics of the sample. Chapter 4 will provide an objective overview of the results of all analyses, a description of data and results, as well as a discussion of the generalizability of the data. Chapter 5 concludes the dissertation with a discussion of the implications for theory, policy, and practice as well as limitations of the study.

Chapter 2: Review of the Literature and Research Questions

Related Literature

This dissertation examines the experiences of homeless emerging adults and the differences between the general population of homeless emerging adults and a subset that have aged out of foster care in addition to experiencing homelessness. An examination of the concept of homelessness is essential to understanding the unique challenges encountered by these emerging adults.

Homelessness and Housing Issues

Homeless emerging adults are defined in the literature as young adults between the ages of 12 and 25 years who are without stable housing (having spent at least one night on the streets, in a shelter, or in a public place), and who identify with the street culture (Baer, Peterson, & Wells, 2004; Bender, Thompson, McManus, Lantry, & Flynn, 2007; Greene & Ringwalt, 1997; Thompson, Safyer, & Pollio, 2001).

The McKinney-Vento Act (Steward B. McKinney Homeless Assistance Act Pub L, 1987, pp. 100-77) defines homeless youth as:

(A) means individuals who lack a fixed, regular, and adequate nighttime residence and (B) includes: (i) children and youth who lack a fixed, regular, and adequate nighttime residence, and includes children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of

alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youth who have a primary nighttime residence that is a private or public place not designed for or ordinarily used as a regular sleeping accommodation for human beings... (iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, and (iv) migratory children...who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Approximating the number of homeless emerging adults is difficult since homeless populations in general are difficult to track due to mobility and also due to the fact that homelessness may be temporary or chronic. Financial constraints make large-scale studies of the homeless population difficult so most research counts the number of homeless individuals either in shelters or on the street. These are methods that likely underestimate the number of homeless. A study by the U.S. Conference of Mayors (2007) surveyed 23 cities and found that shelters in 12 cities had to turn homeless away. Among these cities, six were found to have an increasing number of homeless in need of resources. Although the U.S. Conference of Mayors study (2003) was a study of all adults not just those 18-25, it illustrates the challenges of this invisible population.

Research in 50 cities found that estimates of the number of homeless by cities far exceeds the number of shelter and transitional housing facilities available in those cities

(National Law Center on Homelessness and Poverty, 2004). It is also documented that rural areas are lacking in adequate numbers of shelters (Brown, 2002). Furthermore, those who are homeless may reside in cars, tents, or other locations which make them hard to locate and count (Link et al., 1995). Overall this means that many homeless are living in temporary arrangements with friends and relatives and are unlikely to be counted. Additionally, because youth living in these temporary situations may not be recognized as homeless they are less likely to receive the services outlined in the McKinney-Vento Act.

Despite data limitations, some estimates of the number of homeless are available. It is estimated that between 600,000 and 3.5 million people will experience homelessness in a year (National Law Center on Homelessness and Poverty, 2007; Congressional Research Service, 2005). This estimate is based on a national survey of service providers (Congressional Research Service, 2005). As reported earlier, service utilization among the homeless is low so it is likely that the actual number of homeless individuals is higher. Not only are the numbers large but they, as already mentioned, are growing with a majority of cities studied reporting an increase in homelessness (U.S. Conference of Mayors, 2008). The challenge of these statistics is that they study the overall homeless adult population and do not specify any differences for those between ages 18-25.

Similarities and differences in background between at-risk emerging adults

Comparative research on at-risk emerging adults (homeless and homeless with a history of foster care) is lacking. Despite this limitation, closely examining the existing research on both homeless emerging adults and those who age out of foster care indicates

that the two groups may be more similar than different. The existing literature on the childhood experiences of those growing up in foster care is richer in both depth and quantity when compared to those who are homeless but grew up outside the foster care system. Children in foster care have a significant amount of information collected about their development (number of placements, history of medical and therapeutic interventions, special education services, reading levels, etc.), because they are part of a large system. Less information is available about the childhood experiences of the general population of homeless emerging adults.

Due to the risks inherent in homelessness, we know that both groups are at significant risk for poor outcomes (Baron & Hartnagel, 1998; Chen, Tyler, Whitbeck, & Hoyt, 2004; Ensign, 1998; Kaufman & Widom, 1999; Votta & Manion, 2004; Wolfe, Toro, & McCaskill, 1999). Young adults who have experienced abuse, substitute care placement, parental substance abuse, or housing instability as children are at increased risk for homelessness regardless of their experience (or lack of) with the child welfare system (Burt, 1999).

Studies show that a high proportion of homeless young adults have a history of child welfare placement. One study of youth aging out of child welfare in California found that 65% were homeless when they left care (California Department of Social Services, 2002). A study of homeless young adults in San Francisco found that 43% had a history of child welfare placement (Lenz-Rashid, 2006). A study of former foster care youth in Texas found that as many as 40% were homeless (Texas Foster Care Transitions Project, 2001). Thirty percent of youth who have aged out of foster care have no housing

or have to move every week; 40% of the homeless in the United States were formerly in foster care; and on average foster care alumni experience frequent moves and housing instability (Nixon, 1999). A study of former foster care youth in Nevada found that 36% reported not having a place to live after aging out of foster care and 35% reported five or more moves following discharge from foster care (Reilly, 2003). Two major studies of foster care alumni found that 20% of youth were homeless for at least one night the first year after leaving care (Pecora, et al., 2003) and at age 21, 18% had experienced at least one incident of homelessness (Courtney, et al., 2007).

Research documents that both groups of homeless emerging adults lack parental support (Busen & Engebretson, 2008; Shelton, Taylor, Bonner, & van den Bree, 2009; Gomez, Thompson, & Barczyk, 2010). For instance, recent research found that among a sample of homeless young adults, the majority of the sample relied on peers as the primary social support network. They spent most of their time with their friends while reporting almost never receiving parental support (Gomez, Thompson, & Barczyk, 2010). Research also indicates that those experiencing homelessness report childhood experiences similar to those who have aged out of foster care. They report poor family functioning, socioeconomic disadvantage, and separation from parents (Busen & Engebretson, 2008; Shelton, Taylor, Bonner, & van den Bree, 2009). Most research examines homeless youth as a homogeneous group and does not differentiate between those who have experienced child welfare placement and those who have not. The overlap in the two populations in the research makes it difficult to make comparisons between them but does suggest similarities. For instance, research by Keeshin and

Campbell (2011) highlighted the high incidence of childhood abuse experienced by homeless young adults. They found that 84% of their sample (homeless young adults) experienced either physical or sexual abuse before the age of 18 and that 42% had experienced both (Keeshin & Campbell, 2011). A similar study of youth ages 13 to 21 found that 82% reported physical abuse, 43% neglect by family, and 26% sexual abuse (Tyler, Cauce, & Whitbeck, 2004). Rew and colleagues (2002) found that more than half of their sample had a history of sexual abuse. A similar study conducted in Minnesota found that 46% of their sample had been physically or sexually abused (Wilder Research, 2005).

Although limited, existing research suggests that homeless emerging adults have a high incidence of abuse and neglect and family disruption that are independent of child welfare intervention. The difference between the two groups (homeless and homeless who aged of foster care) may be in the coping skills they learn. One group has experienced the intervention of the child welfare system while the other has not.

Both groups of homeless emerging adults (homeless and homeless who aged out of foster care) share similar poor outcomes in addition to similar backgrounds (Baron & Hartnagel, 1998; Chen, Tyler, Whitbec & Hoyt, 2004; Keeshin & Campbell, 2011; Shelton, Taylor, Bonner, & van den Bree, 2009; Votta & Manion, 2004; Wilder Research, 2005) . They experience poor outcomes in multiple areas used to measure adult competence including physical health, mental health, education, employment/income, and social support. The following section will provide an in-depth examination of each of these areas.

Research on physical health

Older youth in foster care are managing physical and mental health conditions. These may become worse for youth aging out of foster care due to both high risk behavior and lack of access to health care (English, Stinnett, & Dunn-Georgiou, 2006). The health problems in this population are exacerbated by a lack of familiarity with the health care system and a shortage of providers (English, et al., 2006).

Rates of uninsured among youth aging out of foster care are estimated to range from one-third to one-half of all aging out youth (Courtney, et al., 2005; National Collaborative on Workforce and Disability for Youth, 2005; U.S. Department of Health and Human Services, et al., 2000). Although these rates appear high, they are consistent with the overall population of uninsured among that age cohort. Unfortunately, lack of health coverage has increased ramifications for youth aging out of foster care. They are more likely to report health problems than peers including: emergency room visits, hospitalizations, psychiatric problems, and to require medical care for substance use issues when compared to other youth their age (Courtney et al., 2005). Additionally, women with a history of foster care placement report more physical health concerns. Women with a history of foster care placement have higher odds of reporting fair to poor health, are more likely to smoke, and are more likely to be obese than those without a history of out-of-home placement (Schneider et al., 2009).

Research on homeless youth identified significant deficits in the area of physical health. Homeless youth are at increased risk for poor health outcomes compared to their housed peers (Nyamathi, et al., 2005; Rew, 2003). Similar to youth who age out of foster

care, homeless emerging adults have poor access to health care (Ensign & Panke, 2002). Research has found that nearly half of homeless emerging adults do not have regular access to health care (Sneller, et al., 2008), and they are more likely to be admitted to the hospital and have longer hospital stays than their housed peers (Kushel, Vittinghoff, & Haas, 2001). Studies have found that both youth living on the street and those involved with the child welfare system exhibit more high risk health behaviors, have poorer general health, and are more likely to utilize emergency rooms than their housed peers (Josephine, Ensign, & Bell, 2004; Klein, et al., 2000). Overall, outcomes in the area of physical health are poor for both groups of emerging adults.

Research on mental health

In addition to physical health concerns, children in foster care have high rates of behavioral health issues. Because of their removal from home, separation from family, and multiple placements, these children are disproportionately vulnerable to emotional trauma that results in mental health problems (Child Welfare League of America, 2007; Leslie et al., 2000; Raghaven, Inkelas, Franke, & Halfon, 2006). Although most research has examined youth still in care, available research on adults who have transitioned from care indicates these problems follow them when they leave the child welfare system. Research estimates that the rates of mental health issues among youth with child welfare involvement are as high as 80% (Farmer et al., 2001; Taussig, 2002) while in contrast only 20% of the general youth population is diagnosed with a mental health disorder (Costello et al., 1996; U.S. Department of Health and Human Services, 1999). Approximately 20% of young adults who have transitioned from foster care meet the

criteria for post traumatic stress disorder (National Collaborative on Workforce and Disability for Youth, 2005; Pecora, Kessler, Williams, O'Brian et al., 2005) and women may be most vulnerable (Courtney & Dworsky, 2006). Because women are at high risk for behavioral health problems, research has specifically compared adult women with a history of foster care involvement to women without this history (Schneider et al., 2009). This research found that women with a history of foster care placement were more likely to report mental distress and three times more likely to have post traumatic stress disorder (Schneider et al., 2009). It is estimated that 80% of children in foster care require mental health services in comparison to 20% of children not in foster care (Geen, Sommers, & Cohen, 2005; Landsverk, Garland, & Leslie, 2002; Tausig, 2002). In addition, research has documented a high use of psychotropic medication among foster care youth and a high utilization of inpatient psychiatric services (dos Reis, Zito, Safer, & Soeken, 2001; McMillen et al., 2004; Raghavan et al., 2005). Further, when comparing children in substitute care to other high risk groups of children like those receiving Aid for Dependent Children (AFDC), they were 3 to 10 times more likely to receive a psychiatric diagnosis, 7.5 times more likely to be hospitalized for a mental health issues, 11.5 times more mental health expenditures (Harmon et al., 2000).

Further, children in substitute care account for a disproportionate share of Medicaid expenditures (Geen et al., 2005; Rosenbach, 2001). These expenditures result from high utilization of mental health services. Studies of state Medicaid data indicate that youth in foster care utilize mental health care at a rate of 12 to 15 times that of youth in other aid categories (dosReis, Zito, Safer, & Soeken, 2001; Harman, Childs, &

Kelleher, 2000). Attention deficit hyperactivity disorder, depression, and developmental disorders were the most prevalent diagnoses, and were comparable to children with special health care needs (dosReis et al., 2001; Harman et al., 2000).

The combination of high rates of physical and mental health problems among children in foster care and the documented lapses in care have resulted in chronic health problems such as depression, developmental disorders, and attention deficit hyperactivity disorder (McMillen, 2005). The consequences of unmet physical and mental health needs among children in foster care are often severe in adulthood. According to the American Psychological Association (2003), untreated mental health issues can result in higher incarceration rates. Unmet physical and mental health needs among those who age out of foster care result in increased rates of homelessness and increased incarceration rates (Kerker & Dore, 2006).

Emerging adults who have grown up in the child welfare system and those in the general homeless population both have significant mental health concerns including: high rates of depression, suicidal ideations, and suicide attempts (Desai, Liu-Mares, Dausey, & Rosenheck, 2003; Votta, & Manion, 2004; Votta, & Manion, 2003). Studies estimate that between 66% and 89% of homeless emerging adults have a psychiatric diagnosis (Cauce, Paradise et al. 2000; Cauce, Whitbeck, Johnson, & Hoyt, 2004). Homeless youth were six times more likely to experience mental illness when compared to other youth in the National Comorbidity Survey (Whitbeck, Johnson, Hoyt, & Cauce, 2004). It is estimated that the rate of depression for homeless emerging adults is between 15% and 50% in comparison to their housed peers who experience depression at a rate of 2% to

8% (Embry, Vander Stoep, Evens, Ryan, & Pollock, 2000). Further, one study estimated that as high as 45% of homeless youth have attempted suicide (Cauce et al., 2000).

Similar to youth who have aged out of foster care, homeless youth experience elevated rates of post-traumatic stress disorder. It is estimated that between 12% and 38% of homeless youth experience post-traumatic stress disorder (Embry et al., 2000). Previous mental health research found that out of those with a DSM diagnosis only 41.1% received any type of treatment in a one year period (Wang, Lane, Olfson, MD, Pincus, Wells, & Kessler, 2005). Many individuals do not seek treatment due to the fragmentation of the system and the complex nature of trying to coordinate the multiple providers needed for effective care (primary care, psychiatric, social worker or counselor) (Wang, Demler, Olfson, Pincus, Wells, & Kety, 2006). Additionally, high risk groups like the homeless, uninsured, and those age 18-29 are at even more elevated risk for having unmet mental health needs (Wang, Lane, Olfson, MD, Pincus, Wells, & Kessler, 2005). Clearly both groups of emerging adults (homeless with foster care experience vs. homeless without foster care experience) struggle in the area of mental health.

Research on education

Emerging adults aging out of foster care lack the educational supports experienced by peers in biological or adoptive families. Research indicates that disruptions in family structure are associated with lower educational attainment (National Center for Education Statistics, 2003). Negative educational outcomes include low graduation rates, low school achievement, and low levels of educational aspirations (Courtney & Dworsky, 2006; Kessler, 2004).

The National Center for Education Statistics (2003) identified several high risk factors that result in low educational attainment. These factors include: two or more changes in schools from 1st–8th grade, placing in the lowest socioeconomic quartile, grades of C or lower in 6th–8th grade, being in a single-parent household, having a sibling who did not complete high school, and being held back a grade between 1st–8th grade (National Center for Education Statistics, 2003).

Youth in substitute care frequently change schools due to placement disruptions (Courtney et al., 2004; Pecora et al., 2003) placing them at risk for low educational attainment. The magnitude of poor educational outcomes for youth in foster care has resulted in placement in substitute care being considered a significant educational risk factor (Yu, Day, & Williams, 2002).

The high school dropout rate nationally is 13% (National Center for Education Statistics, 2003). In comparison, the rates of high school completion among youth in foster care have been reported as between 31–74% (Burley & Halpern, 2001). One study comparing women with a history of foster care placement to those without this history found that the women with a history of placement were less likely to complete high school and less likely to continue their education past high school (Schneider et al., 2009). Furthermore, youth who do complete high school are more likely to do so through a GED than by earning a regular high school diploma (National Collaborative on Workforce and Disability for Youth, 2005).

The school achievement of youth in foster care is lower than for other groups of students (Courtney et al., 2004). The Midwest study found that 37% of youth in foster

care had to repeat a grade level in comparison to 22% of non-foster care youth in the same state (Courtney et al., 2004). Other research reports the number of foster children repeating a grade to be twice the rate of youth not in foster care (Burely & Halpern, 2001). Youth not in foster care had two times more As than foster care youth (Courtney et al., 2004). And, 58–61% of foster care youth have failed a grade (McMillen, Auslander, Elze, White, & Thompson, 2003; Shin, 2003).

An additional measure of educational achievement is reading level. Existing literature shows that foster care youth have deficits here, as well. Sixty percent of youth in foster care between the ages of 16.5 and 17.5 have a reading level below 8th grade (Shin, 2003). A separate study examining youth aging out of foster care found that 32% were reading below the 8th grade level (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001).

Youth in foster care are also more likely to receive special education services than peers who are in permanent family structures. They are also more likely to receive special education services for behavior problems rather than physical disabilities (Kessler, 2004). Studies estimate that between 34 to 47% of youth in foster care receive special education services (Courtney et al., 2004; Courtney et al., 2001; Pecora et al., 2003; Shin, 2003; Shin & Poertner, 2002).

Youth in foster care exhibit behavior problems that disrupt school performance, including expulsion, suspension, and fighting. Sixty-seven percent of the surveyed youth in foster care received suspensions compared to only 28% of youth not in foster care (Courtney et al., 2004). Rates of expulsion were also higher for youth in foster care

with 17% being expelled from school compared to 5% of youth not in foster care (Courtney et al., 2004). In addition, 29% of youth in foster care had a physical fight with another student (McMillen et al., 2003).

Finally, youth's aspirations for educational achievement are important indicators of educational success. Research shows that youth's goals for their level of education is the most significant factor in educational attainment (Courtney et al., 2004). In this area youth aging out of foster care fair well. Studies estimate that approximately 70% of youth aging out want to attend college (Courtney et al., 2004; McMillen et al., 2003). Unfortunately, despite positive aspirations, youth who age out are not attaining this goal and are less likely to attain a four-year degree than young adults who transition from biological and adoptive families (Pecora, Kessler et al., 2006; Pecora, Williams et al., 2006). Despite positive findings in this one factor of educational success, youth aging out of foster care continue to face barriers in other areas of success including low socioeconomic status, low parental education level, and poor early school performance (Courtney et al., 2004; McMillen et al., 2003).

In order to address the educational challenges faced by youth in foster care the Educational Training Voucher component of the Foster Care Independence Act was enacted (The Fostering Connections to Success and Promoting Adoptions Act, 2008). Significant barriers to implementation exist with this program. Research examining the services offered by Casey Family Services found that only 41% of the youth in the sample utilized services (Kerman, Barth, & Wildfire, 2004). One factor contributing to the lack of service utilization is that many youth no longer wish to have contact with the

child welfare system (Kessler, 2004). Additionally, researchers have raised concern that youth may not be aware of available services (Kessler, 2004). Educational attainment is crucial and is tied to successful adult employment.

Emerging adults who are homeless face similar educational challenges similar to their peers who age out of foster care. It is estimated that 40% of homeless adults do not have a high school diploma and that less than 2% have a college degree (Tepper, 2004). Further, when compared to housed peers, homeless youth have lower rates of literacy, and are not performing adequately in mathematics and English (National Center for Homeless Education, 2007; Thompson, Zittel-Palamara, & Maccio, 2004). Like youth who grow up in the foster care system, homeless youth experience frequent absences, experience multiple moves, have a lack of educational guidance, and have disrupted family relationships and friendships (Tierney, Gupton, & Hallett, 2008).

Research on employment/income

Economic self-sufficiency is a major developmental task of adulthood. Youth who age out of foster care face significant challenges in achieving this task. Compared to youth who have transitioned to adulthood through permanent family pathways, youth who age out of foster care earn significantly less (Courtney & Dworsky, 2001; Urban Institute, 2008). This disparity continues when youth who age out of foster care are compared to other youth from low-income families (Urban Institute, 2008). Youth leaving substitute care experience high unemployment, disrupted employment patterns, lower wages, high utilization of public assistance, and poverty (Courtney et al., 2001; Dworsky & Courtney, 2000; Goerge et al., 2002; Pecora, Kessler et al., 2006). A large

proportion of youth who have aged out of foster care are receiving benefits from a needs-based government program and this number increases significantly for youth who become mothers (Courtney, Dworsky, Cusick, Havlicek, Perez, & Keller, 2007). Research consistently finds that approximately 80–90% of young adults aging out of foster care are employed at some point but that this employment tends to provide low wages and is unstable (Courtney et al., 2005; Dworsky, 2005; Singer, 2006; Urban Institute, 2008). Further, earnings for youth who aged out of foster care remain below the poverty line (Dworsky, 2005; Goerge et al., 2002; Singer, 2006).

Research examining outcomes for adult women who had a history of placement in foster care found that they were more likely to be unemployed and more likely to experience poverty than a comparison group of women who had not experienced foster care (Schneider et al., 2009). Additionally, the rate of public assistance utilization for women with a history of foster care placement was 27% compared to only 6% for a comparison group without foster care placement (Schneider et al., 2009).

One of the few major studies of income and employment outcomes for youth aging out of foster care was conducted by researchers at Chapin Hall (George et al., 2002). The study utilized administrative data to examine outcomes for youth in California, Illinois, and South Carolina who aged out of care. The study examined earnings prior to the youths' 18th birthday, the period in which they turned 18, and immediately following their 18th birthday. The study found that the percentage of youth who had earnings for any period was never higher than 45% while as many as 30% earned nothing during the entire period examined (George et al., 2002). Although the

mean earnings rose as youth reached the end of the study period they were still very low and remained below the poverty threshold eight years after discharge (Dworsky, 2000).

Further, the age at which youth entered the labor market was significant with youth who began working prior to aging out being more likely to be employed after they exited care. Similar to the Chapin Hall study, The Midwest Evaluation of Adult Functioning of Former Foster Care Youth study (Courtney, Dworsky, Ruth, Havlicek, & Bost, 2005) used administrative data to compare 19 year old youth in three states that aged out of foster care to a sample of same aged peers who had not transitioned from foster care. The results showed that 40% of the youth who experienced foster care were employed compared to 58% of the comparison group (Courtney, Dworsky, Ruth, Havlicek, & Bost, 2005).

Overall, Dworsky and Courtney (2000) found that labor market outcomes for youth aging out of foster care were poor. Despite this overall finding, results showed significant variation based on demographics and family structure (reunification, adoption, relative care, foster care, institutional care) suggesting that development within different family structures impacts achievement of two of the major adult developmental milestones, employment and economic self-sufficiency. Specifically, results showed that being employed when leaving care and discharge from care at an older age were associated with an increased likelihood of being employed in the future following discharge from care (Dworsky, 2005; Reilly, 2003). Additionally, youth who were male, non-white, were in care for reasons other than abuse or neglect, or who were in any family structure other than reunification, experienced a decreased likelihood of being

employed (Dworsky, 2005). Identifying as Hispanic or African American, having a history of being placed in care voluntarily, running away from care, and experiencing an institutional placement, were associated with decreases in earnings post-discharge (Dworsky, 2005).

Dworsky (2005) also examined the utilization of public assistance among the young adults in her sample. She found that almost 17% received cash assistance under the Temporary Aid to Needy Families (TANF) program and almost a third received food stamps in at least one of the eight quarters following discharge from care. The receipt of cash assistance was significantly higher for females (26.9%) than for males (25.2%). Young adults who were non-white and who left care from either a foster or group home placement were more likely to receive TANF, while those who were male, were transferred to institutional care, were in care longer, and who left care at an older age were less likely to receive TANF (Dworsky, 2005). Similarly when food stamps were evaluated, the factors that were associated with an increased likelihood of receiving assistance were, being non-white, transitioning from a foster home placement, and having multiple placements.

Although most research has examined outcomes for youth up to age 21, some studies have attempted to track youth into adulthood. The Northwest Foster Care Alumni Study is notable because it is one of the few studies to track youth more than three years post discharge. Although the study examined youth who had been in foster care prior to the passage of the Foster Care Independence Act, it remains significant because the sample contained alumni up to age 33. This study found that well into adulthood

individuals who aged out of foster care remained less likely to be employed than their peers (Pecora, Kessler et al., 2006).

Research conducted by the Urban Institute examined employment outcomes at age 24 for young adults who had aged out of care. The study evaluated whether the difficulties documented at the initial transition (18 years old) remained at age 24 (Urban Institute, 2008). Results showed that young adults leaving substitute care continue to face a decreased likelihood of employment compared to other young adults. And, young adults leaving substitute care earn less than half of what their peers earn. They are less likely than their peers to earn a living wage (Urban Institute, 2008).

Like youth who age out of foster care, the general population of homeless young adults also faces challenges in the area of employment and income. Research found that 31% of homeless young adults do not participate in formal employment and instead receive their income from survival behaviors such as prostitution, selling blood/plasma, and panhandling (Ferguson, Bender, Thompson, Xie, & Pollio, 2011). Additionally, 22% reported relying on income from both survival behaviors and formal employment (Ferguson, Bender, Thompson, Xie, & Pollio, 2011). The lack of access to formal employment during the developmental transition to adulthood can result in long term social and labor exclusion (Ferguson, Bender, Thompson, Maccio, & Pollio, 2011). Additionally the lack of employment skills results in an increased risk of chronic homelessness (Tyler & Johnson, 2006). The lack of access and skills in the area of formal employment is a major deficit for both groups of at-risk youth as they attempt to transition to adulthood.

Research on social support

Another key outcome measure for at-risk youth is social support. Research in the area of social support is limited and is based on vague concepts. Although many in the field of child welfare acknowledge the importance of social support and identify it as a key factor in development it is not adequately studied. We have limited knowledge about social support among at-risk youth. In comparison to other factors (mental and physical health, employment, housing, and education), less information is available about emerging adults' experience of social support.

Child welfare professionals, and youth who have aged out of care, report the importance of being connected to a caring adult (Freundlich & Avery, 2006; Samuels, 2008). Social support does act as an important protective factor during stressful life transitions, such as from foster care to independent living (Collins, 2001). Among emerging adults who age out of foster care, those with larger social support networks experience greater satisfaction with their life (Reilly, 2003). Most emerging adults receive this support from family relationships. These types of supportive family relationships are typically not accessible for emerging adults transitioning from foster care. Further, because it is common for adolescents in foster care to experience multiple placements, they are often unable to benefit from community support networks that are available to most emerging adults (Collins, 2001).

Peer relationships are crucial to adolescent development and peers influence the developmental trajectory of youth (Maxwell, 2002; Teinberg & Scott, 2003). The specific impact of peers is less clear. Research has consistently documented that youth

with friends fare better than those without friends (Bender et al., 2007; Gomez et al., 2010; Guroglu, van Lieshout, Haselager, & Scholte, 2007). Research also documents the negative influence of deviant peer/friend groups (Baer et al., 2004; Rew & Horner, 2003; Zlotnick, Tam, & Robertson, 2003).

Youth transitioning from foster care cite relationships with both peers and siblings as essential to managing the challenges of foster care and the trauma of the multiple losses that youth face in the child welfare system (Shin & Poertner, 2002). Emerging adults transitioning from foster care place significant weight on the guidance of peers and value this type of support over formal therapy (Shin & Poertner, 2002). Research supports the use of peer counseling as a way to provide needed support as youth manage the transition to adulthood (Shin & Poertner, 2002).

Another important source of social support for young adults transitioning from foster care is biological relationships. These relationships include biological parents, siblings, and extended family. Youth have been separated from their biological parents due to abuse, neglect or abandonment, and may have experienced disrupted contact with them while in the child welfare system. Despite this separation these biological relationships remain emotionally significant for the youth. In fact, a large number of youth attempt to reunite with biological parent(s) following discharge from care (Shin & Poertner, 2002). Little is known about the quality, consistency, and longevity of these rediscovered relationships with biological parent(s). This is largely because these relationships occur after a youth has left care, and they are generally at a transition period

when the youth may be difficult to locate and engage. Also, states vary in how much they value and support these parental relationships.

While it is common for states' child welfare systems to initially focus on reunification and maintaining the biological family system, once parental rights terminate the view often shifts. Some states like Texas end all contact with and services to biological parent(s). Others, like California, have begun reexamining this practice and regularly review the parental situation even reopening services to the biological parent(s) if their situation has changed (California Department of Social Services, 2007; Texas Department of Family and Protective Services, 2010). California has been successful in reunifying some older adolescents who would have otherwise remained in foster care until adulthood. However, no research exists to tell us if these placements remain safe and stable, how the children develop in these homes, or the long-term impact on the youth.

Relationships with siblings are another important relationship for youth in foster care. Research documents that sibling relationships are a vital component of child development and serve an important lifelong social support role (Tucker, McHale, & Crouter, 2001). Siblings often enter the child welfare system together and practice guidelines emphasize keeping siblings in the same placement. Despite this, they are frequently separated (Leathers, 2005). It is estimated that approximately half of all children in substitute care are placed in a home without their sibling(s) (Leathers, 2005; Needell et al., 2004; Schlonsky, Webster, & Needell, 2003). This may be crucial for youth in the child welfare system where siblings may be the only individual who shares a

common history with the youth, can relate to their experience growing up in foster care, and for whom social support is limited.

The reasons why youth are separated from their siblings include a lack of appropriate placements, the different needs of siblings necessitating different placements, the difficulty of managing sibling group conflict, and inappropriate sibling relationships (Drapeau, Simard, Beaudry, & Charbonneau, 2000; Hindle, 2000; Schlonsky et al., 2003). Despite these reasons the benefits of siblings being placed together are well documented. Youth who are placed with their siblings are less likely to experience a placement disruption, exhibit less behavior problems, and are more likely to have a sense of belonging in their placements (Leathers, 2005). Further research finds that females who are separated from their siblings in placement experience increased mental health problems and increased problems with social skills compared to those placed with siblings (Tarren-Sweeney & Hazell, 2005).

For emerging adults who age out of foster care, relationships with important non-relative adults can also provide needed social support. These relationships, referred to in the literature as “mentoring”, “connectedness”, and “social support”, are often recommended in the foster care literature. Some researchers believe this is a key area that policies have neglected (Propp, Ortega, & NewHeart, 2003). Available research has established that both informal (ex., teachers, past foster parents, neighbors) and formal (ex., CASA, Big Brothers Big Sisters) adult relationships have a beneficial effect on adolescents as a whole (Ahrens, DuBois, Richardson, Fan, & Lozano, 2008; Beier, Rosenfeld, Spitalny, Zansky, & Bontempo, 2000; DuBois, Holloway, Valentine, &

Cooper, 2002; DuBois & N. Silverthorn, 2005; Zimmerman, Bingenheimer, & Notaro, 2002). Researchers estimate that among the general population of adolescents, 72–76% report having an important informal supportive adult relationship; although relatives are estimated to account for approximately half of these relationships (ex., an aunt, distant cousin) (DuBois & Silverthorn, 2005; Greenberger, Chen, & Beam, 1998). Sixty two percent of transition-aged youth in foster care have informal adult support (Munson & McMillen, 2008; Shin & Poertner, 2002). Further, these relationships are high in quality and result in positive outcomes (Munson & McMillen, 2008). Unlike youth in the general population who relied heavily on extended family, research is conflicting on who comprises these support networks for transition age youth leaving foster care. Munson and McMillen (2009) found that they were likely to have formed informal relationships with those they met through formal systems (ex., caseworkers, foster parents). However, the lack of connection with extended family and others who have known them for a lifetime can be problematic for these youth. These youth may not have relationships with adults who have familiarity with their history and a deep knowledge of them as a person. This is due to multiple placement changes, caseworker changes, and other relationship disruptions (Shin & Poertner, 2002). They report relying on present and former caseworkers, teachers, and mental health professionals (Munson & McMillen, 2008). A study by Shin and Poertner (2002) found that although youth leaving foster care reported these relationships with professionals as important support systems (2nd highest), relationships with biological family and kin were cited as the most important. Similar to Munson and McMillen (2008), Shin and Poertner (2002) found that relationships with

child welfare professionals were viewed as normative, though impermanent, for those leaving foster care. Research by Mech (2000) emphasizes the role of family relationships over those with professionals in helping foster care youth learn the skills necessary to live independently.

The impact of these relationships is significant for young adults transitioning from foster care. Emerging adults who age out of foster experience improved self-image and supportive adult relationships which carry over into peer relationships, improving their skills in interacting with peers (Rhodes, Haight, & Briggs, 1999). One study found that youth in foster care are at increased risk for negative results when adult relationships last less than 6 months and that positive outcomes increase for youth in formal supportive relationships (big brother/sister) that last over one year (Grossman & Rhodes, 2002). The risk of negative results for shorter term relationships may be attributed to a history of disrupted attachments experienced by youth in foster care (Grossman & Rhodes, 2002). Ahrens and colleagues (2008) found an overall positive relationship for former foster care youth who had a supportive adult relationship. Youth in the Ahrens study experienced better outcomes in the domains of education and health compared to youth who did not have adult social support (Ahrens et al., 2008). The study also found a stronger relationship between positive adult outcomes for youth who possessed informal adult relationships rather than formal relationships (Ahrens et al., 2008).

Despite the high number of youth reporting the presence of a support network, emerging adults transitioning from substitute care continue to report a need for additional emotional supports (Shin & Poertner, 2002). Youth transitioning from foster care have a

desire for permanent relationships but, many do not believe this to be possible (Shin & Poertner, 2002). Shin and Poertner (2002) use the term “psychological homelessness” to describe the constant loss that youth in substitute care endure (removal, placement disruptions, changes in schools, peers, etc.). Unfortunately this psychological homelessness may result in youth entering future relationships with distrust, low expectations, and difficulty attaching. This often results in sabotaging the very relationships they need and desire (Shin & Poertner, 2002). Youth who grow up in the child welfare system have many opportunities to learn the skills necessary to build new relationships, but are lacking in the skills and experience necessary to maintain relationships (Shin & Poertner, 2002). Emerging adults transitioning from child welfare are at increased need for emotional support as they begin attempting to enter romantic relationships, become parents, and reconnect with biological family. These are all developmental changes that trigger their issues of attachment and trust (Shin & Poertner, 2002).

Further, emerging adults who transition from child welfare report an intense need for adult relationships and yearning for something similar to a family environment throughout their life course. They report feeling different because of their lack of family connection. They continue to need adults to function in a “parental” role as they move into adulthood (Shin & Poertner, 2002). It is common for youth who have grown up in the child welfare system to attempt to reconnect with biological family following discharge from care (Shin & Poertner, 2002).

The general population of homeless emerging adults faces a similar struggle with social supports. Due to the frequency of family disruption and instability, these emerging adults often rely on peer support (Bender, Thompson, McManus, Lantry, & Flynn, 2007). Despite the importance of these networks, one study noted concern that the friendships these youth have are often not close and can have a negative impact on them (ex., supporting illegal activity) (Tierney et al., 2008). Homeless emerging adults have difficulty identifying peers they have known for a significant period and have difficulty identifying individuals they can trust. They report relationships that are negatively impacted by frequent school and geographic changes. These are experiences similar to their peers who grow up in foster care (Tierney et al., 2008). These life changes also impact their ability to identify with stable adults, mentors, and teachers. Further, research finds that homeless emerging adults were hesitant to invest in relationships due to the transient nature of the relationships they have previously experienced (Tierney et al., 2008). Overall a history of disrupted relationships is shared by both groups of at-risk emerging adults.

Policies that support the transition to adulthood

Policies have been enacted to provide services to address the failure to achieve adult competencies among homeless emerging adults (McKinney Vento Act, 1987). Despite the fact that these policies were enacted to directly improve competency; homeless emerging adults continue to fail to achieve these key competencies. In comparison to the general population of homeless youth, substantially more policies target youth who age out of foster care (Foster Care Independence Act, 1999; Fostering

Connections to Success and Promoting Adoptions Act, 2008). However, outcomes remain poor.

Although both groups of at-risk young adults are recipients of policies focused on the goal of increasing competency in the areas discussed previously (health, mental health, housing, employment, social support, and education), the two groups have received markedly different policy-based interventions. The literature review demonstrates that despite significant policy efforts (Foster Care Independence Act, 1999; Fostering Connections to Success and Promoting Adoptions Act, 2008) aimed at improving outcomes for youth aging out of foster care they continue to have poor outcomes which are similar to their homeless peers who have not received the same level of policy intervention. In addition to the family environment, the policy environment is one of the key differences between these two groups.

The legislative process has been instrumental in influencing child welfare family structures. The family is the primary organization responsible for raising children but when the family is unwilling or unable to do so, policies have been enacted in the United States to provide alternative family structures (Adoption and Safe Families Act, 1997; Adoption Assistance and Child Welfare Act, 1980; Fostering Connections to Success and Promoting Adoptions Act, 2008; Keeping Children and Families Safe Act, 2003). As obstacles to achieving important milestones in the journey to adulthood have been revealed, policies have been enacted in an attempt to mediate these obstacles (Foster Care Independence Act, 1999; Fostering Connections to Success and Promoting Adoptions

Act of 2008) . To a lesser degree public policies have attempted to address the problem of homelessness (McKinney Vento Act, 1987).

Despite policy efforts (Adoption Assistance and Child Welfare Act of 1980; Child Abuse Prevention, Adoption, and Family Services Act of 1988; Family Preservation and Support Services Program Act of 1993; The Multiethnic Placement Act of 1994; The Adoption and Safe Families Act of 1997; Promoting Safe and Stable Families Amendments of 2001; Adoption Promotion Act of 2003; Keeping Children and Families Safe Act of 2003) to intervene and support the creation and maintenance of permanent families, approximately 20,000 to 25,000 youth age out of foster care each year and never achieve permanency (Allen & Nixon, 2000; Children's Aid Society, 2001; U.S. Department of Health and Human Services, 2006b). The developmental transition from adolescence to adulthood is impaired by the absence of family supports. Society recognizes the deficits posed by attempting to develop in foster care, and because of this has attempted to enact legislation to provide supports to these youth.

The independent living initiative of 1985 (PL 99-272) was the first piece of federal legislation to provide funding for services to young adults aging out of foster care. This law amended Title IV-E of the social security act to provide states with federal funds to provide independent living skills to foster children (Independent Living Initiative Pub. L. No. 99-272, 1985). In 1993 it was reauthorized indefinitely in the Omnibus Reconciliation Act (PL 103-66). The Foster Care Independence Act (FCIA) of 1999 amended Title IV-E to increase funding to assist youth aging out of foster care and to provide states with flexibility to design services to assist youth transitioning from

foster care (Foster Care Independence Act Pub L. No. 106-169, 1999; Urban Institute, 2008). It created the Chafee Foster Care Independence Program (CFCIP). In 2001, the FCIA was amended with passage of the Promoting Safe and Stable Families Amendments of 2001. This amendment created the Educational and Training Voucher Program which funds postsecondary education and training for youth leaving foster care (Promoting Safe and Stable Families Amendments of 2001 Pub L. No. 107-133, 2001). The FCIA is the first major legislative effort to assist foster care youth during their transition to adulthood so it merits a close examination.

Overall, the FCIA is effective at providing additional services to young adults aging out of foster care. There is evidence the Act changed how states are delivering services (see analysis of FCIA in Appendix E). Despite this, young adults aging out of foster care remain vulnerable. Rates of poverty, unemployment, homelessness, poor education outcomes, criminal justice involvement, and unmarried birth are higher for these youth than for young adults with a permanent family (Courtney et al., 2007).

It is estimated that despite policy efforts, 75% of women and 33% of men aged 21 who have aged out of foster care are receiving benefits from a needs-based government program (Courtney et al., 2007). The percentage increases to 96% for women caring for a child (Courtney et al., 2007). In response to the associated high human and financial costs of unsuccessful transitions to adulthood, policy-makers have attempted to provide services to support the developmental transition to adulthood (The Foster Care Independence Act of 1999 and The Fostering Connections to Success and Promoting Adoptions Act of 2008).

These policies are based on the assumption that the provision of material supports will improve outcomes. This assumption ignores the challenges growing up in foster care may present to development. Social workers have advocated for funds to assist this vulnerable population, but it is important to ascertain if the current programs are effective, neutral, or detrimental to the development of these youth. It is also essential that policy-makers have information that allows them to target the most beneficial aspects of a program and therefore maximize the services they provide to youth in foster care. Further, if policy solutions are based on the faulty assumption that healthy human development occurs equally in artificially created child welfare structures as it does in permanent family structures, they are likely to continue to see the same negative results.

The Stewart B. McKinney Homeless Assistance Act (Stewart B. McKinney Homeless Assistance Act Pul L. 100-77,1987) is the only major federal legislation addressing homelessness. The act was modified and is now referred to as that McKinney-Vento Homeless Assistance Act. The Act authorizes emergency shelter, transitional housing, permanent housing, and supportive service programs. It originally created competitive grant programs for which public agencies and nonprofit organizations are eligible. In 1995 the program was redesigned to create a continuum of care process. The McKinney-Vento Act addresses services in the areas of education, emergency food and shelter, health care, and transitions from homelessness (Congressional Research Service, 2005). A detailed outline of the McKinney-Vento Homeless Assistance Act can be found in Appendix E.

Table 2.1.
Key Policies and Intended Goal

| Policies Addressing Homeless Emerging Adults | |
|---|---|
| Policy | Intended Goal |
| McKinney-Vento Homeless Assistance Act | <ul style="list-style-type: none"> • Addresses the homeless population • Create emergency shelters, transitional housing, and permanent housing • support education and healthcare |
| Policies Addressing Emerging Adults Aging Out of Foster Care | |
| Independent Living Initiative of 1985 | <ul style="list-style-type: none"> • Teach adolescents in foster care independent living skills |
| Foster Care Independence Act of 1999 | <ul style="list-style-type: none"> • Increase funding for independent living programs • Give states flexibility in designing transition services • Create the Chafee Foster Care Independence Program • Identify children who are likely to remain in foster care until 18 years of age and to help these children make the transition to self-sufficiency by providing services such as assistance in obtaining a high school diploma, career exploration, vocational training, job placement and retention, training in daily living skills, training in budgeting and financial management skills, substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention) • Help youth receiving training and services necessary to obtain employment • Prepare youth for entry into post secondary training and education institutions • Provide mentors and to support aging out youth emotionally • provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age |
| Promoting Safe and Stable Families Amendment 2001 | <ul style="list-style-type: none"> • to make available vouchers for education and training, including post secondary learning and education, to youths who have |

Policies Addressing Homeless Emerging Adults

| Policy | Intended Goal |
|---------------|--------------------------|
| | aged out of foster care. |

This has been an outline of policies enacted to assist at-risk youth in the transition to adulthood. In spite of these policies, youth continue to face multiple challenges. Public concern regarding the challenges facing youth who have a history of foster care placement, have encouraged policymakers to enact legislation to provide enhanced supports to emerging adults with a history of foster care placement. As discussed previously, these policies are based on the assumption that supplementing the environment of these emerging adults by providing additional resources (i.e., money management, life skills training, educational and training vouchers) will lead to improved competency.

Participatory Action Research

Participatory Action Research (PAR) is referred to in the research by many names including: youth research, empowerment evaluation, and youth-led evaluation (Schensul, & Berg, 2004). The term can encompass a variety of focuses including: emphasizing evaluation youth serving agencies, research conducted by youth, researchers for advocacy, and research focused on youth voice (Schensul, & Berg, 2004). Although research utilizing PAR as a methodology may differ slightly in

approach , they all share commonalities. All of the uses of PAR seek to empower marginalized youth by engaging them in research. The focus includes not just research but the aim that the youth involved will personally benefit through a sense of self-efficacy, competence, and increased voice. In addition to having a goal of personal growth for the youth involved, PAR also aims to impact macro level change by increasing group voice, community efficacy, and reducing structural disparities (Schensul, & Berg, 2004). PAR seeks to combine both research and social action. It seeks to empower those affected by an issue to define the issue and the plan for change (Schensul, & Berg, 2004). PAR involves members of a group, in this case homeless emerging adults, in identifying, researching, and working on solutions for social problems that affect themselves and their community (Schensul, Berg, Schensul, & Sydlo, 2004). The approach builds on the traditions of positive youth development, experiential education, prevention and service learning (Schensul, Berg, Schensul, & Sydlo, 2004).

Schensul and Berg (2004), outline three essential qualities for researcher interested in utilizing this methodology. It is essential that the researcher, 1) care about the research, 2) care about youth, and 3) are politically motivated to use research for social change (Schensul, & Berg, 2004). PAR is specifically designed to work with disenfranchised youth, like those experiencing homelessness and foster care, because it addresses both the micro and macro level issues. It focuses on giving youth a voice in both their own future and the future of their community (Schensul, Berg, Schensul, & Sydlo, 2004).

PAR presents challenges that may not be present in traditional research methods. Questions of reliability and validity can arise because of the nature of youth involvement. The line between subject and researcher is blurred and this can raise questions for readers who are accustomed to traditional research designs. Previous research studies using PAR have noted youth involvement to increase the reliability of the data but have also found that this approach may make presentation of the research to academics and policymakers a challenge as they are more accustomed to traditional survey designs (Fernandez, 2002). Fernandez (2002), also found that youth involvement provided better access to the community being studied and a response rate over 80%. PAR involves a shift to viewing research as both data and a method for the youth participating to challenge their own assumptions (Fernandez, 2002). One way to address issues of validity and reliability when using PAR as a methodology is to be explicit about each type of data collected and its purpose. Some data will be intended for advocacy and as such terms like “objectivity” may not apply while other quantitative data sources may fit the needs of traditional research (Fernandez, 2002).

An important component of PAR is follow through. Previous research has noted both the need for and challenge in ensure long-term partnering with youth (Fernandez, 2002). Following completion of a project and the securing of funding it is possible for the youths’ vision and goals to be lost in the implementation of change unless efforts are made to maintain youth as full partners in the change (Fernandez, 2002). Youth should be included as equals in implementation, coordination, and evaluation (Fernandez, 2002).

Significance of the Study

A review of the literature in Chapter 2 revealed that the developmental trajectory into adulthood for both groups of homeless youth is similar. Both groups (general homeless and homeless who aged out of foster care) face an emerging adulthood experience with significant risk factors and challenges. As mentioned in Chapter 1, current research estimates that between 18 and 65 percent of emerging adults who age out of foster care become homeless (California Department of Social Services, 2002; Courtney et al., 2007; Lenz-Rashid, 2006; Nixon, 1999; Pecora, et al., 2003; Reilly, 2003; Texas Foster Care Transitions Project, 2001). Researchers and child welfare professionals are aware of the statistical reality that many of the youth raised within the child welfare system will face homelessness, relational challenges, educational deficits, and other risk factors. Despite this awareness, current policies and practices struggle to adequately address these issues (Foster Care Independence Act, 1999; Fostering Connections to Success and Promoting Adoptions Act, 2008; The Independent Living Initiative, 1985). Unlike other at-risk youth, children in the child welfare system experience their development within an artificial setting which limits exposure to experiences that might prepare them for the difficult journey into adulthood.

Many emerging adults who become homeless have lived in families in which they learned to face challenges such as homelessness as a child, maneuvering public welfare systems, living in shelters, riding public transportation, and identifying unsafe situations. These experiences give the child gradual exposure to the difficulties inherent in poverty and homelessness. This environment may teach the child how to survive in this reality.

In contrast, although a large portion of children who age-out of foster care become homeless they are not exposed to the same situations as their peers and may not learn the same skills. This environmental difference may mean they are less prepared to manage the hardship of their adult life. Policies and practices in the child welfare system appear to be targeted at protecting children from the reality into which many transition. For example, in 2010 the 81st Texas legislature ordered a review of policies and obstacles to youth receiving a driver's license, The report found significant obstacles for youth in foster care. These obstacles include, funding limitations for services such as drivers' education, meeting school attendance requirements, inadequate staffing to support learning, and foster parent's unwillingness to add youth to their insurance policies (Texas Department of Family and Protective Services, 2010). The current push for foster care redesign in the state of Texas illustrates the struggle well. Two emerging adults who participated in pending changes stated, "...one of the things the Youth Leadership Council wanted to make sure got included was providing youth in care a more 'normal' experience—letting them do things that their friends who *aren't* in care are doing, like dating, spending the night at friends, getting a job, or earning a driver's license. Foster youth should be allowed to make mistakes and learn from them. Sometimes foster parents are afraid to let youth make mistakes. That takes away 'teachable moments' that youth not in foster care experience all the time. Sometimes, foster parents want to let the youth do certain things, but they think they can't because of licensing standards or CPS policy." (Texas Department of Family and Protective Services, 2011, pg. 1).

Chapter 3: Study Design and Methodology

This chapter presents the research design, sample and sampling procedures, study variables, instrumentation, data collection, and data analysis strategies used in this study.

The research done for this dissertation builds on research conducted by the Texas Network of Youth Services (TNOYS) with funding from the Hogg Foundation for Mental Health. The goals of the original project focused on gathering the youth perspective in the areas of mental health, challenges to independent living, and youth ideas for policy, program, and service changes. The original data was collected with a specific emphasis on reflecting the youth voice and perspective and the results were used in advocating through the Texas legislature for services based on the needs youth identified. The Texas Network of Youth Services provided permission for this researcher to analyze the data they collected, as well as to collect additional data about the methodology. The additional data that was collected by this researcher are the 10 interviews with the peer researchers used to explore the use of participatory action research with this population.

The original project utilized a mixed methods design in two phases. The first phase consisted of individual interviews with homeless emerging adults (n=134) gathering both quantitative and qualitative data. The second phase included four focus groups with homeless emerging adults to further explore and add depth to the individual interviews. Following data collection, the agency used the findings for state level advocacy to improve services for homeless emerging adults. The project involved emerging adults at all levels of data collection. Emerging adults actively participated in

the design of the interview questions and protocol. Sixteen emerging adults who had experienced homelessness and/or aged out of foster care were recruited and employed by the agency as peer researchers. Peer researchers were trained in research and data collection and then conducted interviews with subjects. Following the interviews, peer researchers also assisted the research team in conducting focus groups to gain additional insight into the participants' perspective on services. Following all data collection the agency invited 11 peer researchers to travel to the state capital. The peer researchers were involved in meetings discussing the research findings and trained in advocacy. Peer researchers then met with state legislative staff to discuss their work and advocate for policy and funding changes. Additionally, peer researchers participated in a panel discussion where they had the opportunity to present their findings to the community.

The current project utilized participatory action research which is a unique methodology for research on homeless emerging adults. The agency allowed this researcher to add a third phase of data collection to examine the use of this methodology among this population. In-depth qualitative interviews (n=10) were conducted with emerging adults who participated as peer researchers.

Overview

A non-experimental design using a one-time cross-section is utilized to provide descriptive information about the population. Individual interviews (n=134) were conducted to gather both qualitative and quantitative data. Additionally, follow-up focus groups were conducted in four youth service agencies in the state of Texas (Forth Worth, Dallas, El Paso, and Houston) to gather additional qualitative data about what mental

health services participants felt they needed, services they felt were helpful, and services they felt they needed.. The mixed-method design enables some generalizability while also incorporating the youth voice. Moreover, because research on this population is limited, the qualitative data can explore areas where standardized measures for this group may not exist.

The qualitative components of this study utilize a case study design to enhance the quantitative findings. The case study design was chosen to fit the research goal of gaining a thorough and multi-faceted understanding of the role of policy in the lives of homeless emerging adults. This approach allows the researcher to examine multiple data sources and multiple perspectives regarding current policies and programs serving emerging adults. Other possible qualitative methods such as grounded theory, phenomenology, and ethnography were not utilized because they are inconsistent with the research goals. This study does not attempt to generate a theory of policy evolution nor is it an in-depth examination into a particular phenomenon. Further, although it can be argued that homeless emerging adults are part of a distinct culture, a critical examination of such a culture was not the goal of this study.

The single case analyzed in this study is the policy and program environment of homeless youth in four sites in Texas, bound by the developmental stage of 18–25 years of age in which they are experiencing the developmental transition to adulthood. The multiple sources of data in this study include scaled quantitative measures, interviews with emerging adults, four focus groups, field notes, and direct observation. These data sources were used to gain a thorough understanding of the policy environment and its

impact on homeless youth, explore the youth perspective, and evaluate specific variables that theory suggests impact the transition to adulthood among this population.

With increased knowledge of how homeless emerging adults perceive available policies and services, social workers can incorporate the emerging adults' perspective to create programs and advocate for policies that support emerging adults as they attempt to maneuver the transition to adulthood. Integrating the youth perspective increases the likelihood of creating services that emerging adults are likely to engage in. The purpose of this study is to understand the developmental experience of homeless emerging adults and the role that policy plays in aiding this transition.

To reiterate, the purpose of this study is to explore how growing up in the child welfare system may impact emerging adult competency:

- Assess the viability of using the general population of homeless emerging adults as a comparison group for those who are homeless and aged out of foster care.
- Compare perceptions of learned helplessness between the two groups.
- Analyze differences in competence between the two groups.
- Describe how participatory action research might expand the methodology for homeless emerging adults

Specific Aim 1

Describe the sample.

This research hypothesized that emerging adults who aged out of foster care and experienced homelessness and those who experienced homelessness but did not age out of foster care were similar. This similarity makes the general population of homeless emerging adults an appropriate comparison group for those who aged out and allows for an evaluation of the impact of policies aimed at improving outcomes for youth who age out of foster care.

Two research questions will be used to achieve this aim:

- Research Question 1.1—*What are the characteristics of the study sample, regarding demographics and length of homelessness and experience of abuse?*
- Research Question 1.2—*What are the differences between homeless youth who have aged out of foster care and those who do not in age, gender, race, history of abuse, and length of homelessness?*

Specific Aim 2

Describe what is unique about growing up in foster care that impacts emerging adult competency.

This research hypothesized a priori that emerging adults who aged out of foster care were more likely to have perceptions of learned helplessness than their

peers and that this increased feeling of learned helplessness could be attributed to what is learned while growing up in foster care. It is also hypothesized that despite services to assist youth aging out of foster care with the transition to adulthood, growing up in foster care creates deficits that are not alleviated by current policy and thus both groups will have similar outcomes on competency measures (Foster Care Independence Act, 1999; Fostering Connections to Success and Promoting Adoptions Act, 2008).

Given that current policies provide more services for foster care youth than for the general population of homeless emerging adults, in an effort to promote competence (i.e., PAL, Educational and Training Vouchers, housing), the questions focused on in Aim 2 will address if these efforts translate into increased competence for emerging adults aging out of foster care. The research will ascertain if there is a statistically significant difference in variables related to competence (K6 scale, which measures non-specific psychological distress, educational attainment, employment status, social connectedness, or stress and coping) between those who are homeless and those who are homeless and have aged out of foster care. Three research questions will be used to achieve this aim:

- Research Question 2.1—*What difference in learned helplessness do homeless emerging adults perceive between those who have aged out of foster care and those who have not?*
- Research Question 2.2—*To what do homeless emerging adults attribute differences in learned helplessness between those who have aged out of foster care and those who have not?*

- Research Question 2.3—*Is there a statistical difference in competence between homeless emerging adults who have aged out of foster care and those who have not?*

Specific Aim 3

Describe how the participatory action research might be used to expand the methodology of working with homeless emerging adults .

The research conducted to answer this question will provide a description of the experience of homeless and/or aged out emerging adults who are peer researchers. It will describe the thoughts/attitudes of peer researchers about the use of participatory action research with this population, as well as the peer researchers' perception of how participating as a peer researcher effected them. Finally, the peer researchers' perception of how the use of peer researchers impacted the study participants, agency staff, and quality and quantity of data will be described.

Three research questions will be used to achieve this aim:

- Research Question 3.1—*What is the experience of homeless (with or without a history of foster care) emerging adults who are peer researchers?*
- Research Question 3.2—*What are the thoughts of peer researchers about the use of participatory action research with this population?*
- Research Question 3.3—*What is the peer researchers' perception of how participating as a peer researcher affected them?*

Recruitment

Recruitment is a challenge among the general homeless population, those with a history of foster care placement, and the general population of emerging adults. Housing instability can make it difficult to locate participants. Additionally, youth may also be reluctant to sacrifice the time necessary to participate in a study due to the multiple roles they must maneuver (Faden et al., 2004). They are often expected to manage all the issues of independent living with limited support (work, school, finances, etc.). Further, youth who have grown up in multiple systems (i.e., child welfare, shelters, homeless intervention projects) may have a historical mistrust of systems. Youth may view researchers as part of the larger system which they are trying to escape. Due to these concerns studies of young adults transitioning from foster care have historically had low response rates (Buehler, Orme, Post, & Patterson, 2000; McDonald, Allen, Westerfelt, & Piliavin, 1996).

The 10 participating agencies where data were collected offer ongoing services to homeless emerging adults between the ages of 18–25 years. The youth recruited are a cross-section of those served at the point in time of the study. The 10 agencies were selected because: (1) they serve young adults who are homeless, as well as young adults who age out of foster care; (2) altogether, they offer a reasonable geographic and demographic representation of agencies and the youth they serve throughout the state; and, (3) each agency has a strong relationship with Texas Network of Youth Services, the organization that secured foundation funding to support this endeavor.

Interview subjects and focus group participants were recruited by peer interviewers and case managers at agency project sites. Because homeless youth and foster youth are members of a group that may be construed as stigmatized, the initial contact with all potential participants was through staff that interact with the youth because of their job duties at the agency or a peer interviewer who had personal experience with homelessness and/or foster care.

Interview subjects were recruited by case managers who know the potential participants and their ages due to their regular direct contact with their clientele. Peer interviewers and youths' case managers asked for the emerging adults' age directly, however, to ensure that they are between the ages of 18–25 and eligible to participate in the study. Potential interview subjects were asked via a script (appendix A) if they were interested in being interviewed. If the individual emerging adult was willing to speak with one of the peer interviewers, they met in a private office space at the project site. Each prospective interview subject was provided with a consent form that included an explanation of the project.

Data Sources and Collection Procedures

Data Sources

Four forms of data were collected for this study: (1) quantitative, standardized measures; (2) responses from semi-structured qualitative interviews; (3) responses from qualitative, open-ended focus groups; and, (4) in-depth qualitative interviews of peer researchers. The first three sources of data focused on subjects who had experienced homelessness and/or foster care and the fourth data source examined emerging adults

who participated in the research project as peer interviewers. The interview questions for the first two sources of data were reviewed and approved by young adults who have aged out of foster care and/or experienced homelessness through pilot testing, and significant efforts were made to ensure that they were appealing to and appropriate for these youth.

Quantitative questions collected information about relevant demographics, current living and working situations, history with the child welfare system and homelessness, and experience with mental health services (see Appendix B). In addition, the interview instrument included several scales, including a stress/coping scale (14 items) that was developed specifically for homeless/runaway youth populations to assess how they cope with life on the streets, a social connectedness scale (16 items) that measures an individual's connection to society and others, and the K-6 scale (6 items), which was developed with support from NCHS to measure mental health and well-being and has been previously used with homeless youth (Kessler et al., 2002).

Focus groups sought information about current challenges, available supports, perceptions of mental health, and ideas for improving mental health care and other services for youth who are homeless and/or who age out of foster care. The discussion followed a semi-structured interview protocol (see Appendix C) seeking to understand participants' perspectives using their own language and 'voice.' These responses were utilized to better interpret or explain the quantitative findings from the standardized questionnaires and allow participants the opportunity to bring up content that interviewers did not ask about. More importantly, however, the focus groups offered

participants the opportunity to share the challenges they face and present their ideas and recommendations for policy solutions.

Finally, at the culmination of the project, emerging adults who participated as peer researchers participated in individual qualitative interviews (n=10) to discuss their experience with the project. The interviews were approximately 50 minutes long and followed a semi-structured interview protocol (see Appendix D) that sought to gather their perspective on how the experience impacted them, as well as their perception of how this form of research impacted the data.

Data Collection Procedures

Data collection began with the 134 mixed method interviews that were collected by peer researchers. This was followed by 4 focus groups. Peer researchers then presented their ideas to the legislator and community. Finally peer researchers (n=10) participated in qualitative interviews about their experience.

Quantitative and qualitative interview data

Interviews that combined both quantitative and qualitative questions (see Appendix B) were collected at one time. These interviews were administered by the peer interviewers. All measures were administered verbally as part of a structured interview. Consent for participation was explained by peer interviewers prior to interviews. The approximate time it took to complete the questionnaire including the three standardized scales, demographics, and open-ended and semi-structured qualitative questions was 45 to 60 minutes. Participants were provided with a \$10 dollar Wal-Mart gift card as an incentive for completing the interview.

Use of peer reviewers

To promote the involvement of emerging adults at all levels of this project, the individual interviews were conducted by peer interviewers who were employed by Texas Network of Youth Services. All peer interviewers were emerging adults between the ages of 18–25 who are (or were formerly) homeless and/or who aged out of foster care. Peer interviewers were trained by the researcher and another member of the research team employed by Texas Network of Youth Services to conduct individual interviews and follow the human subject guidelines required by the IRB. The strategy of training young people to interview their peers was based on a model used in a study of homeless youth titled, *Voices from the Street* that was conducted by the California Research Bureau in March 2008. The rationale for using this model was that it increases the involvement of emerging adults in the project overall, it offers peer interviewers an opportunity for personal and professional development that is not usually afforded to disadvantaged youth, and improved information may be gained as peer-to-peer interviewing may be more comfortable for young adults than talking with professional researchers. The model study utilized peer interviewers, but did not evaluate the impact of this methodology on either the findings or the interviewers themselves. Further, *Voices from the Street* employed a journalistic style and incorporated no formal qualitative methodology and no quantitative component.

All peer interviewers underwent intensive training on basic interviewing skills, confidentiality, informed consent, basic research methods, methods for building rapport, use of digital voice recorders, and group dynamics. Additionally, peer interviewers were

required to complete the University of Texas at Austin IRB training through the available computer training modules with the assistance of the researcher. The training lasted approximately two hours, and was conducted by the researcher who is knowledgeable about research methods and working with young adults. In addition to the University of Texas IRB training module, elements of the Positive Youth Development Resource Manual (www.actforyouth.net) were used in the training. Training occurred before peer interviewers began recruiting interview subjects or participants for focus groups.

In addition to the initial training, peer interviewers had access to the researcher by phone and email for support. Once the interviews at a site were completed, one or more of the co-investigators returned to the site to collect the interview data, process it with the peer interviewers, and help facilitate focus groups.

Further to address concerns about the bias being introduced based on the use of PAR and data collection by peer researchers, written interviews were reviewed by staff at TNOYS and compared to audio-recordings of the interviews. This allowed the researchers to look for areas where the peer researchers may have added an interpretation to what the subject said, misquoted a subject, or not followed research training protocol.

Qualitative data

Four focus groups were conducted by the researcher and a member of the research team employed by Texas Network of Youth Services. Consent for participation was explained by the researcher prior to participation. The focus groups were 50 minutes and participants were provided lunch as an incentive for participating. Focus groups were held in Fort Worth, Houston, El Paso, and Dallas. Each focus group had between 9 and

12 participants. Focus groups were audio-taped with the consent of participants and transcribed for the purpose of analysis.

At the culmination of the project individual qualitative interviews were conducted with each peer researcher individually by the principle investigator. Consent for participation was explained by the researcher prior to participation. The interviews were 50 minutes and participants received \$50 in compensation as an incentive for participation. The interviews were held at a hotel conference room which was convenient to the peer researchers who travelled to the capital to participate in advocacy activities. Interviews were taped with the consent of the participants and transcribed for the purpose of analysis.

Study Sample

Sample Variables

Data was gathered on a number of variables for each member of the sample (see the matrix of variables provided in Table 3.2). In addition to demographics, foster care factors, grouping variables, dependent variables, and youth factors, a number of scales were also employed which provided variable data for the study. These scales are named in Table 3.2 and discussed in some detail below.

*Table 3.2.
Matrix of Variables: Data Analyzed*

| Category | Variable | Measurement |
|-----------------|---|--|
| Demographics | <ul style="list-style-type: none"> • Age • Gender | <ul style="list-style-type: none"> • Continuous (18-25) • Dichotomous (male=0, female=1) |

| Category | Variable | Measurement |
|---------------------|--|--|
| | <ul style="list-style-type: none"> • Ethnicity • Current Living Situation • School Status • Employment Status • Victim of Abuse • Length of Homelessness | <ul style="list-style-type: none"> • Categorical (White =0, Hispanic=1, Black = 2, Other =3) • Categorical (Apt=0, Relative=1, TLP=2, Shelter=3, Other=4) • Categorical (Not Attending =0, Attending=1, HS=2, Higher Ed=3) • Dichotomous (yes=1,no=0) • Dichotomous (yes=1,no=0) • Continuous (months) |
| Grouping variable | <ul style="list-style-type: none"> • Aged Out <ul style="list-style-type: none"> ◦ Whether or not participant aged out of foster care. | <ul style="list-style-type: none"> • Dichotomous (yes=1,no=0) |
| Dependent variables | <ul style="list-style-type: none"> • K6 Scale (measure psychological distress) • Educational Attainment • Social Connectedness Scale • Stress and Coping Scale | <ul style="list-style-type: none"> • Ordinal (5 point likert) • Categorical (Not Attending =0, Attending=1, HS=2, Higher Ed=3) • Ordinal (5 point likert) • Ordinal (5 point likert) |

Stress and Coping Scale—The stress and coping scale used was previously utilized by Kidd (2007) to examine coping skills among homeless emerging adults. All coping items used a four-point scale. These are typically used to measure the constructs of stress and coping and were not modified by the researcher. The stress and coping scale is made up of three sub-scales. The Cronbach’s Alpha for this all sub-scales combined when used with this sample was .659 which shows it to be adequate with this population. The items for each subscale are presented in Table 3.2 below.

Problem-focused coping was assessed using two items Kidd adapted from the Ways of Coping Questionnaire (WCQ—Folkman & Lazarus, 1985). Avoidant/disengagement coping was assessed with two items Kidd also adapted from the WCQ. All social coping items had been used by Kidd (2003, 2007) in multiple studies of homeless emerging adults. With this particular sample the Cronbach’s Alpha for the Problem-focused coping subscale was .702 which is lower than than the Cronbach’s Alpha of this subscale when used previously with Kidd (0.85). The Cronbach’s Alpha for the Avoidant/disengagement coping subscale was .322 indicating that it is not reliable with this sample. The social coping scale had a Cronbach’s Alpha of .628. Six of the ten items in the subscale fell below a reliability of .60 indicating that this subscale does not have strong internal consistency when used with this sample.

*Table 3.2.
Stress and Coping Scale Items*

| Subscale | Items |
|-------------------------------|--|
| Problem-focused coping | <ul style="list-style-type: none"> • Concentrated on what to do and how to solve the problem • Think about what happened and try to sort it out in my head |
| Avoidant/disengagement coping | <ul style="list-style-type: none"> • Try not to think about it • Sleep |
| Social coping | <ul style="list-style-type: none"> • Go to someone I trust for support • Go off by myself to think • Try to learn from the bad experience • Use my anger to get me through it • Use drugs or alcohol • Do a hobby (e.g., read, draw) |

| Subscale | Items |
|----------|---|
| | <ul style="list-style-type: none"> • Try to value myself and not think so much about other people's opinions • Realize that I am strong and can deal with whatever is bothering me • Think about how things will get better in the future • Use my spiritual beliefs/belief in a higher power |

Social Connectedness Scale—The Social Connectedness Scale was created by Lee and Robbins (1995). It describes the degree to which an individual feels comfortable within the larger social context. Examples of these connections are intimate relationships, parenting, and friendships. In contrast, those without a developed sense of social connectedness feel distant from others and may have difficulty with social roles. The Social Connectedness Scale measures three areas of belonging: connectedness (four items), affiliation (three items), and companionship (one item). Higher scores on the scale reflect a more reported sense of social connectedness and belongingness. The mean for the Social Connectedness Scale was 38.85 ($SD = 8.09$) with a potential range of 8–48. Lee and Robbins (1995) report a Cronbach's alpha of 0.92 suggesting strong internal consistency for the scale. When used with this sample the Cronbach's alpha was .739 suggesting adequate internal consistency. The items used in the Social Connectedness scale are displayed in Table 3.3:

Table 3.3.
Social Connectedness Scale Items

| Subscale | Items |
|-----------------|--|
| Connectedness | <ul style="list-style-type: none"> • I feel disconnected from the world around me • Even around people I know, I don't feel that I really belong • I feel so distant from people • I have no sense of togetherness with my peers |
| Affiliation | <ul style="list-style-type: none"> • I don't feel related to anyone • I catch myself losing all sense of connectedness with society • Even among my friends, there is no sense of brother/sisterhood |
| Companionship | <ul style="list-style-type: none"> • I don't feel I participate with anyone or any group |

K6 Scale—The K6 scale was developed by the National Center for Health Statistics and was used in the National Health Interview Survey (NHIS). The scale contains six questions and screens for non-specific psychological distress. The scale has been used widely in both the United States and Australia. It has been used in the Australian Survey of Mental Health and Wellbeing, Australian National Health Surveys, U.S. National Health Interview Survey, and the National Household Survey on Drug Abuse (Kessler et al., 2002). The interviewer-administered version of the scale was used which contained six Likert scale questions. The K6 has been documented to have strong validity both in the United States and other countries by comparing the results to clinical

diagnosis (Kessler et al., 2002). Further, the results showed little bias based on sex and education (Kessler et al., 2002). The K6 has a Cronbach's alpha coefficient of 0.78 (Baggaley, et al., 2007). When used with this sample the Cronbach's alpha was .802 indicating that it has strong internal consistency when used with this sample.

Human Subjects Protection

The University of Texas Institutional Review Board granted approval to conduct research and use its resulting data for this dissertation, using the research methods and instruments described in this chapter, on July 28, 2010. The Texas Network of Youth Services (TNOYS) submitted a letter of support for the researcher's work with its 10-member agencies which provide services to homeless emerging adults.

Data Analysis Methodology

Quantitative Data

All data (standardized measures, closed-ended questions, scaled questions) from the emerging adult questionnaires were analyzed using the Statistical Package for the Social Sciences (SPSS) version PASW 18 for Windows[®]. Descriptive statistics were calculated for the entire sample. They were then analyzed separately for participants' who aged out of foster care and those who have experience homelessness but did not age out of foster care.

Qualitative Data

Transcripts of the qualitative interview (n=134), and the qualitative interviews with peer researchers (n=10) were analyzed using content analytic procedures (Miles & Huberman, 1994; Patton, 2001). Following transcription, the researcher and a Masters level social work student who also had 14 years of child welfare experience in both administrative and direct care work completed transcripts to identify major themes in response to the interview questions. Categories and subcategories were developed that specifically illustrate participant ideas and responses as defined for each category. Coders then separately examined each transcript and identified all distinct statements (any word, phrase, sentence, or response that pertained to a single concept stated by an individual); differences in identifying these statements were reconciled through consensus. Intercoder agreement was established by examining the proportion of agreement between the coded statements for each category. Once all statements were coded into a category/subcategory, the coded statements were organized into nodes containing similar concepts and hierarchies of categories and subcategories. Transcripts for the four focus groups was transcribed and used to add depth to the individual qualitative interviews.

Qualitative coding for research question 1 is below. Table 3.4 is presented to help the reader visualize the use of content analytic procedures with this data. Each interview (n=135) was read word for word to look for any statements indicated learned helplessness. Learned helplessness was operationally defined as words or sentences that

indicated a lack of motivation, a lack of efficacy, or a lack of motivation to respond to future events. Each interview was coded separately by two individuals. When a theme of learned helplessness was identified it was typed into the table under either aged out or did not age out depending on how the subject was classified.

Although the researcher first hypothesized only statements of learned helplessness, during the first round of coding a strong theme of self-reliance emerged from the data. The data was then coded a second time to search for statements that indicated self-reliance. Self-reliance was identified in participant responses when they made statements indicating a self-perception that they are motivated, believe that they are competent and that their actions have the capacity to impact future events, and are motivated to respond to future events. Statements of self-reliance were entered into the table and highlighted in blue by each of the coders separately.

Each coder also coded and highlighted in purple when no theme was present in an interview to ensure that no data was overlooked by error. Finally, the data was also coded for the themes of a desire for sibling contact (highlighted yellow) and desire for normal activity (highlighted green) as the first round of coding indicated that these might be important themes in the data. Analysis revealed that the data did not strongly support these two themes.

In all four separate rounds of coding were completed. Each coder then compared their findings and discussed discrepancies until an agreement was jointly arrived out regarding any coding differences.

These methods followed those prescribed by the analysis method, content analysis. Although time consuming, content analysis has been widely used since the 1950's. Content analysis focuses on the actual words in qualitative data. The research objectively looks for words, phrases, sentences, or chunks of text that convey a them. In this case the text being examined was the interviews, although content analysis can be done on different media types (i.e. books, historical documents). In conducting content analysis the text is coded into categories, in this case themes and then examined using conceptual analysis (Busba & Harter, 1980).

Conceptual analysis involved choosing a concept, in this case learned helplessness, and recording the number of times it occurs in the text. The results are then used to make inferences about what the text is conveying (Busba & Harter, 1980). In this case, it was inferred that learned helplessness is a dominant theme for emerging adults aging out of foster care and may contribute to poor outcomes.

The reliability of content analysis study refers to how well the themes can be reproduced or will be coded the same way by multiple coders (Busba & Harter, 1980). To add rigor to the analysis two coders were used and inter-coder agreement was calculated for each theme.

Table 3.4
Coding of Qualitative Data

| Interview number | Aged Out | Didn't Age out |
|------------------|--|----------------|
| 1 | <p>5F: Being homeless, what do/did you think people think/thought of you?</p> <p>A loser. That she didn't do anything for herself</p> <p>52: Sibling contact</p> <p>30. Does not consider herself an adult. b/c I'm supposed to be able to do different things and I haven't accomplished anything in my life.</p> | |
| 2 | <p>5F. People felt sorry for her because she is homeless</p> <p>7B7. Paying for your own stuff is the hardest part of aging out of foster care</p> <p>52: Keep siblings together</p> | |
| 3 | <p>No verbalizations of learned helplessness</p> <p>52: Can do the things normal kids do</p> | |
| 4 | <p>32E-Everything was an effort</p> <p>49: I would take them out and treat them like a regular person</p> | |

| Interview number | Aged Out | Didn't Age out |
|------------------|---|---|
| 5 | | 27: I'm not a better person 15D: anything(hard about job) |
| 6 | 21: Can't identify anything positive in life 51: A lot of times I didn't get help 52: If you are 15 years old you don't have to ask to go outside | |
| 7 | No verbalizations about learned helplessness | |
| 8 | | 12: When you have nothing, nobody wants to be around you |
| 9 | | 12: When you have nothing, nobody wants to be around you 27: Life is hard 36: I endure life |
| 10 | | 5E: It didn't matter |
| 11 | | 30: Views self as responsible 36: Focuse, goal oriented |
| 12 | | 30: I take care of my |

| Interview number | Aged Out | Didn't Age out |
|------------------|---|--|
| 13 | | <p data-bbox="993 310 1170 340">responsibility</p> <p data-bbox="993 380 1365 453">36: I was down and I picked myself up</p> |
| 14 | | <p data-bbox="993 600 1365 674">20: He doesn't trust himself with a bank car</p> <p data-bbox="993 714 1365 743">21: Being able to support self</p> <p data-bbox="993 783 1365 898">30: Considers self an adult because of responsibility and betterment.</p> <p data-bbox="993 938 1365 1262">52: It is hard for someone who's been raised by the government to go live in a park like me. What is the point of kicking them out of foster care if they are just going to go straight to the food stamp office?</p> |
| 15 | <p data-bbox="542 1297 964 1455">7B7: I didn't know what the real world would be like; nobody has taken the initiative to help me be successful.</p> <p data-bbox="542 1495 964 1652">13: I'm not saying everything, but having things to where I don't have to want or ask..</p> <p data-bbox="542 1692 964 1717">20: I'm not good at saving</p> | |
| 16 | <p data-bbox="542 1759 964 1789">22: not sure if there are caring</p> | |

| Interview number | Aged Out | Didn't Age out |
|------------------|---|---|
| | adults | |
| 17 | | <p>16: I am really focused. Nothing is distracting me</p> <p>21: I have more determination than most people</p> <p>30: I understand the consequences of my decisions</p> <p>36: I am conscious of my decisions, rational, reasonable.</p> |
| 18 | | <p>29: I am able to support myself at this time</p> <p>30: responsible and mature for her age.</p> <p>36: Can handle emotions</p> |
| 19 | | <p>21: I have goals and I'm moving forward to accomplish something.</p> <p>30: Able to support myself.</p> <p>52: don't split siblings up</p> |
| 20 | <p>I'm somewhat independent</p> <p>They should be able to go out whenever they want as long as they are monitored by someone.</p> | |
| 21 | | <p>10: The interviewer is the first person she has actually talked to.</p> <p>13: can't really do things for</p> |

| Interview number | Aged Out | Didn't Age out |
|------------------|--|--|
| | <p>yourself and can't depend on people. You have to depend on people and I wasn't brought up to"</p> <p>22: mom doesn't help her achieve goals.</p> <p>23: Nothing I can do for my son; sees him when she sees him.</p> <p>27: I know I'm not able to go no where. Nothing you can o about it is a feeling I don't like. It's like being locked up.</p> <p>52: Help people who actually want help and are actually not able to help themselves because of a situation they are in.</p> | |
| 22 | | <p>21: Holding myself together</p> <p>29: I can be independent at a young age.</p> <p>30:haven't experienced life yet</p> <p>52: Let kids see their family</p> |
| 23 | | No verbalizations |
| 24 | | <p>21: going to school, taking care of my lil one and finding a job.</p> <p>29: Because I know I can do it.</p> |

| Interview number | Aged Out | Didn't Age out |
|------------------|---|--|
| 25 | <p>29: Been taking care of myself for as long as I can remember and it's not hard for me.</p> <p>52: Let the foster youth meet the bio parents.</p> | |
| 26 | 27: Not used to being on my own. She's not use to finding housing, food, etc. on her own. | |
| 27 | | <p>27: It's part of dealing with life and I've never been very good at that.</p> <p>30: Most part I'm on my own an support myself; make semi-adult decisions.</p> |
| 28 | | 30: Because I pay bills. Most of the time they are not late. |
| 29 | 30: I'm mature enough to handle things on my own. | |
| 30 | | 36: I try to stay connected to a higher power |
| 31 | | 30: I am very mature and responsible for my age |
| 32 | | <p>30: I work, take care of myself, it's not like I'm depending on people to be there for me.</p> <p>40c: they don't know what I've been through they are just doing their job and that's only reason they acting like</p> |

| Interview number | Aged Out | Didn't Age out |
|------------------|---|---|
| 33 | <p>27: I don't have friends or family. I don't have a support system. I'm always scared.</p> <p>29: I'm scared that I won't succeed, once I am on my own, that something is going to go terribly wrong.</p> <p>30: I don't think I am quite ready for the real world yet.</p> <p>31: I can't keep a job</p> <p>21: Nothing positive in life</p> | they care |
| 34 | <p>7B7: being on my own, trying to find out what to do</p> <p>52: I would at least do it to where they could at least try to be able to see their families more often</p> | |
| 35 | | <p>29: I've gotten used to it now, being on my own for so long.</p> <p>48: Instead of saying what I'm going to do, now I just start doing what I say.</p> |
| 36 | | <p>29: Not having someone to guide me.</p> <p>11: waitin to get on SSI??</p> |
| 37 | 5E: Because can't nobody take | |

| Interview number | Aged Out | Didn't Age out |
|------------------|---|--|
| | care of yourself like you. | |
| | <p>7B7: To be honest it's the different lives. Being in foster care, you're surrounded by nothing but support. Being on the streets...you don't got somebody there, all the time for you and you don't have somebody there to pay for stuff for you.</p> <p>52: That they would not be able to exit out of foster care until they're in charge.</p> | |
| 38 | | No verbalizations |
| 39 | | No verbalizations |
| | | 29: cause I'm grown I need to learn on my own |
| 40 | | No verbalizations |
| 41 | | 29: He/she is smart and finds out how to do things on he/she self. |
| | | 30: because he/she gaine a lot of wisdom |
| 42 | 29: Never really had to be on own. | |
| | 27: Not having anyone | |
| | 48: trying to depend on myself | |

| Interview number | Aged Out | Didn't Age out |
|------------------|---|---|
| 43 | | 29: Been on own since 16 30: done things as an adult |
| 44 | 29: Never been on his own 30: Only 18 years old. He considers himself to be a teenager | |
| 45 | | 29: a little (nervous) never been on own 39: tired of dealing w/parents, get self straight |
| 46 | | 27: Not being independent an stable 37: I have self control |
| 47 | 21: Seeing the results of not giving up and doing what I need to do instead of what my friends do. 23: I can barely take care of myself 36: My issues don't control me 41: have hard time--, never follow up | |
| 48 | 29: Never know when you are gonna fall. 52: Wouldn't separate siblings. | |
| 49 | | 29: never been on his own not knowing to respond to |

| Interview number | Aged Out | Didn't Age out |
|------------------|---|--|
| | | responsibility in life. 30: not responsible |
| 50 | 16: (what makes life hard) trying to be more independent 29: scared to fail 43: Haven't put forth effort ?: not properly informed about benefits | |
| 51 | 29: don't like authority, better off alone, learn from self | |
| 52 | | No verbalization |
| 53 | 29: Nervous about trying to be independent | |
| 54 | 29: don't always need support from people, I can do it myself. 39: too much for me 42: did not want help | |
| 55 | 7B7: (hardest thing) learning to face reality and learning you can't run away from responsibility 12: (hardest thing) believing I don't have many choices now that I'm eighteen. | |
| 56 | | No verbalization |
| 57 | 12: (hardest thing) being able to | |

| Interview number | Aged Out | Didn't Age out |
|------------------|---|--|
| | <p>make money to support myself</p> <p>30: take care of my own stuff</p> <p>13: got a couple of screws loose, mom did drugs...</p> | |
| 58 | | 30: taking care of my own |
| 59 | <p>30: I haven't completely grown up. There are still things I haven't dealt with. Still learning and growing up.</p> <p>52: Preparing them better before they age out.</p> | |
| 60 | | <p>29: (not nervous about being on own) its all on him and the only way he can fail is if he don't do something.</p> <p>27: he makes it hard</p> <p>21: I woke up this morning</p> |
| 61 | 7B7: (hardest thing) taking care of bills, being responsible | |
| 62 | | <p>29. (not nervous about being on own) good foundation, she believes in something bigger than herself.</p> <p>21: no longer try to please people</p> |
| 63 | | 30: I can take care of myself |
| 64 | No verbalizations | |

| Interview number | Aged Out | Didn't Age out |
|------------------|---|--|
| 65 | | <p>29: been on his own since he was 15 an there is no reason he should be nervous now.</p> <p>30: Paying bills and working</p> |
| 66 | | No verbalizations |
| 67 | <p>22: caseworker, siblings, help by not letting me make a bad decision.</p> <p>29: Have people there an know I can do it by myself.</p> <p>30: because I'm living independently and working</p> <p>?:I could never make it & didn't strive</p> | |
| 68 | | <p>No verbalizations</p> <p>5e: world is cold & don't care about me, less than a person</p> |
| 69 | | 35: Knowing in your mind you gotta do what you gotta do |
| 70 | <p>52: he didn't like that the foster youth rules for parents or foster parents have to take you everywhere you go. He would want a small amount of freedom. He wants to change it to where if the parent choice if they want to go also.</p> | |
| 71 | | No verbalizations |

| Interview number | Aged Out | Didn't Age out |
|------------------|--|--|
| 72 | No verbalizations | |
| 73 | 25: foster family—always have something negative to say | |
| | 52: when we were in foster care, there were conferences and things like that. More of those outside of care that we can get together and talk about it and help each other out. | |
| 74 | | 21: (positive in life) attitude to get my work done |
| 75 | 7b7: (hardest thing about aging out) getting used to society again after they've kept me locked up. | |
| | 52: loosen the noose a little, they're too strict. Socially challenged, they need to stop desocializing us. They lock you up so much that when you get out you don't know how to function in the real world. I don't know how to drive b/c no one would show me. | |
| 76 | 29: Not nervous about being on own....running away alot | |
| 77 | | 29: (not nervous about being on her own) because she is used to the fact that she is by herself. |
| | | 30: (considers self an adult) due to the responsibilities she |

| Interview number | Aged Out | Didn't Age out |
|------------------|--|----------------------|
| 78 | <p>30: has responsibility, self-reliant in times. "if I have problems, I try to figure them out by myself"</p> | can step up to them. |
| 79 | <p>52: Would like to change background checks required to see friends. If they would take it out it would benefit the foster youth to be more comfortable. He would change it into where one is given a chance, but if they break it they can take that privilege away.</p> <p>27: He tries to work on staying on the right path but situations come up and stress him causing him to turn to drug and alcohol use.</p> <p>52: Let the foster students receive the freedom that they actually deserve and earn. Being able to change this for them to learn and explore the outside world lead them for success. "When you're in care it's like you're stuck inside a house"</p> | |
| 80 | <p>29: (nervous about being on own) because I'm tire of being alone</p> <p>52: Foster kids should be able to work, hang out with friends,</p> | |

| Interview number | Aged Out | Didn't Age out |
|------------------|--|---|
| | <p>without getting permission.</p> <p>16: depression & relation w/young</p> <p>27: raised self since 4, don't have anyone</p> | |
| 81 | <p>30: She struggles, she supports herself</p> | |
| 82 | <p>25: Relationships hold him back</p> | |
| 83 | <p>27: She is not going to do good alone.</p> <p>29: Not good at managing anything right now.</p> <p>30: Be able to o the stuff she can't do now.</p> | |
| 84 | | <p>30: I'm still young</p> |
| 85 | | <p>30: Capable of making decisions</p> <p>15d: meeting expectations</p> |
| 86 | <p>7B7: living on your own in foster care you depend on people to do things for you. When they throw you out into the world, you're confused and lost</p> <p>52: when a foster child turns 17 let them have more freedom to let them get a taste of the real world</p> | |

| Interview number | Aged Out | Didn't Age out |
|------------------|---|--|
| 87 | <p>29: (not nervous about being on on) past experience being on own without parent</p> <p>30: Independence</p> | |
| 88 | <p>30: too childish. Push things aside.</p> <p>52: No real independence</p> | |
| 89 | <p>12: Not knowing what to do. No help/support</p> <p>27: Learning to balance life in general. Being on your own.</p> | |
| 90 | <p>13: Always knowing I'm young and having possibility of losing apartment.</p> <p>27: So much at once. Wish I could make things go away as soon as possible.</p> <p>29: Know has strength</p> <p>30: Responsible</p> <p>?less of a person, don't meet standards, neglected</p> | |
| 91 | | <p>29: Responsible</p> <p>30: can deal with things, needs no help.</p> |
| 92 | | <p>29: Believes in self</p> <p>30: Responsible</p> |

| Interview number | Aged Out | Didn't Age out |
|------------------|--|--|
| 93 | | <p>29: Alone; kinda not ready for the world. Hard to be on his own.</p> <p>30: responsibility, motivation, a go-getter in life, and making his own decisions in life</p> |
| 94 | | <p>21: I'm emotionally stable and have set myself straight</p> <p>29: capable of being independent</p> <p>36: independent, hardworking</p> |
| 95 | | <p>30: independent even though with father</p> <p>36: I am in school, doing good and I don't need a babysitter</p> |
| 96 | <p>27: Life is hard when you're used to it.</p> <p>40: boring</p> | |
| 97 | <p>29: (about being on own) I don't know scary</p> <p>52: Keep all siblings together</p> | |
| 98 | No verbalizations | |
| 99 | 29: Self-supporting | |

| Interview number | Aged Out | Didn't Age out |
|------------------|---|---|
| 100 | 12: I hate feeling stuck | |
| 101 | | 29: Because I am a badass |
| 102 | 29: I don't want to grow to grow old alone 52: Let them go out more | |
| 103 | | No verbalizations |
| 104 | | No verbalizations |
| 105 | 12: (hardest things about fining a place to live) Being out in the real world | |
| 106 | | 50: Myself, giving self the main services needed |
| 107 | | 29: Aint nothing like being on your own |
| 108 | | 29: been alone for a long time before, self support |
| 109 | | No verbalizations |
| 110 | | 29: He is used to it |
| 111 | | No verbalization |
| 112 | | 29: Afraid to be alone |
| 113 | | No verbalizations |
| 114 | | No verbalizations |
| 115 | | No verbalizations |
| 116 | 38: Foster mom was always saying things for me. I was 20 | |

| Interview number | Aged Out | Didn't Age out |
|------------------|--|------------------|
| | so I need to be saying things for myself' 52: develop a home to help foster youth become more independent. | |
| 117 | 12: finding and keeping a job to pay the bills. In CPS people aren't taught good people skills like normal people | |
| 118 | 29: Optimistic about the future 30: maturity to take care of himself | |
| 119 | 7B7: Did not have a proper support system 29: Have learned to cope with things over 5 years. 30: Maturity and hardwork | |
| 120 | 29: Pride in accomplishment | |
| 121 | No verbalizations | |
| 122 | No verbalizations | |
| 123 | 5E: Still helpless | |
| 124 | | No verbalization |
| 125 | 29: Foster parents prepared me to be independent 30: Maturity, independent, responsible | |

| Interview number | Aged Out | Didn't Age out |
|------------------|--|---|
| 126 | | 29: because she has goals and goals will help her. 36: She can pull herself out of a bad situation |
| 127 | 29: Not ready yet 30: Not mature enough | |
| 128 | | 29: I'm scared of failure |
| 129 | 29: because it's scary | |
| 130 | | 29: Never been on my own before, a new experiences |
| 131 | 30: because used I've been able to support myself without help. 52: I would say let the kid get more comfortable with more time in the outside world. | |
| 132 | | 29: Because I know I can take care of myself, no one else will. |
| 133 | 29: big step from being with a family member | |
| 134 | | 29: fear that I won't make it. |
| 135 | | 29: it's a part of growing up. 30: eventually you have to be one and mature. |

Summary

This dissertation builds on prior research focused on gaining the youth perspective collected by the Texas Network of Youth Services. Texas Network of Youth Services allowed the principle investigator to add a third phase of data collection to examine the use of this methodology among this population. A non-experimental design using a one-time cross-section was utilized to provide descriptive information about the population. Individual interviews (n=134) were conducted to gather both qualitative and quantitative data. Additionally, follow-up focus groups were conducted in four youth service agencies in the state of Texas to gather additional qualitative data. This approach allowed the researcher to examine multiple data sources and multiple perspectives regarding current policies and programs serving emerging adults. The youth recruited for the study are a cross-section of those served at the point in time of the study. Interview subjects and focus group participants were recruited by peer interviewers and case managers at agency project sites. Interview subjects were recruited by case managers who knew the potential participants and their ages due to their regular direct contact with their clientele. In addition to demographics, a number of scales were also employed which provided variable data for the study. Four forms of data were collected for this study: (1) quantitative, standardized measures; (2) responses from semi-structured qualitative interviews; (3) responses from qualitative, open-ended focus groups; and, (4) in-depth qualitative interviews of peer researchers. To promote the involvement of emerging adults at all levels of this project, the individual interviews were conducted by peer interviewers who were employed by Texas Network of Youth Services. At the

culmination of the project, the primary investigator conducted individual qualitative interviews with the peer researchers.

Limitations of the Analyses

Missing data analysis and exclusion of cases from analysis

A missing data analysis was completed on the quantitative data (n=135). Simple listwise deletion was used following the analysis because only one case required elimination. The single eliminated case was found to be missing more than half the variables in the analysis because the interview was incomplete.

Additionally, analysis of the social assurance subscale of the social connectedness scale was affected by researcher error. The item in the scale is intended to be read, “I feel more comfortable when someone is constantly with me”; due to researcher error, the item was read, “I feel more comfortable when someone is watching me”. The scale was not found to be significant in the analysis.

Missing data was analyzed using PAWS SPSS 18. The following data were included in the analysis: the number of cases missing per variable, the number of variables missing per case, and the pattern of correlations among variables created to represent missing and valid data. The variables included in the multivariate analysis were evaluated to determine if data was missing for more than half the cases (>67 cases). A frequency distribution was run to determine the number of missing cases for each variable. Next, a new variable was computed using an SPSS function to count the number of variables with missing data (*nmiss*). A frequency distribution of the variable

nmiss found that all 135 cases had valid, non-missing values for all the variables. No variable was found to be missing data for more than half the variables.

The next step examined the number of missing variables per case. In this case a frequency distribution revealed that one case was missing data for more than half the variables (not only was the case missing variables included in the analysis, it was missing 33 of 111 variables from the entire data set). A review of this case revealed that the subject had terminated the interview before it could be completed. This case was eliminated from analysis yielding 134 for the final number of cases. Finally, a correlation matrix of dichotomous missing/valid variables suggested that the pattern of missing data was random.

Intercoder agreement for qualitative data

As described in the methodology the coding was done separately by the researcher and a qualified expert in child welfare. The results were then compared for agreement. Intercoder reliability was calculated using percent agreement, Cohen's Kappa, Krippendorff's Alpha, and Scott's Pi. A comparison of these measures is described in Tables 3.5 and 3.6. It was useful to use several measures of intercoder reliability as there is no standard measurement. The measures chosen are those most widely used (Popping, 1988). Although percent agreement is often noted in the literature and is intuitive, it has been criticized for overestimated coder agreement (Lombard, 2012). Both Cohen's Kappa and Krippendorff's Alpha are well regarded as measures of agreement and Cohen's Kappa has been used as a measure of choice when coding behaviors (Lombard, 2012). Despite variations in the measurements of reliability, an

analysis of intercoder agreement for this analysis revealed a high level of agreement. All measures were above 0.80 while there was perfect agreement on the coding of self-reliance.

Table 3.5

Intercoder Agreement Analysis (Aim 2: Research Question 1)

| | Aged out | Intercoder % agreement | Cohen's Kappa | Krippendorff's Alpha | Scott's Pi |
|--|----------|------------------------|---------------|----------------------|------------|
| Verbalizations of Learned Helplessness | n=83 | 90.3 | .807 | .805 | .805 |
| Verbalizations of Self-reliance | n=23 | 100 | 1.0 | 1.0 | 1.0 |

n= number of statements

| | Did not aged out | Intercoder % Agreement | Cohen's Kappa | Krippendorff's Alpha | Scott's Pi |
|--|------------------|------------------------|---------------|----------------------|------------|
| Verbalizations of Learned Helplessness | n=20 | 98.6 | .936 | .937 | .936 |
| Verbalizations of Self-reliance | n=61 | 100 | 1.0 | 1.0 | 1.0 |

n= number of statements

Table 3.6

Intercoder Agreement Analysis (Aim 2: Research Question 2)

| | Total | Intercoder % agreement | Cohen's Kappa | Krippendorff's Alpha | Scott's Pi |
|---|-------|---------------------------|------------------|-------------------------|---------------|
| Verbalizations Attributing learned helplessness to the child welfare system | n=19 | 100 | 1.0 | 1.0 | 1.0 |
| Verbalizations Attributed learned helplessness to a cause other than the child welfare system | n=1 | 100 | 1.0 | 1.0 | 1.0 |

Chapter 4: Results

In Chapter 4, the characteristics of the study sample are described including demographics, length of homelessness, and experience of abuse. Following a description of the sample, qualitative data from individual interviews is discussed that determines what, if any, perceived differences concerning learned helplessness exist between those who aged out of foster care and those who did not. Specifically, understanding is sought regarding any uniqueness that may exist in growing up in foster care that might impact emerging adult competency.

Two sources of qualitative data (individual interviews $n=134$, and focus groups $n=4$) were used to determine differences in learned helplessness between those who aged out of foster care and those who did not. Quantitative data from the individual interviews ($n=134$) was used to determine if a statistical difference exists in competence between homeless emerging adults with a history of foster care placement those without.

Overall Results

The overall results of the current study are described below and are organized around the study's three guiding specific aims and associated research questions. Specific Aim 1 describes the sample, Specific Aim 2 seeks to describe what is unique about growing up in foster care that impacts adult competency, and Specific Aim 3 describes how participatory action research might be used to expand the methodology of working with homeless emerging adults.

Characteristics of the Study Sample

Specific Aim 1: Describe the Sample

- ***Research Question 1***

What are the characteristics of the study sample, regarding demographics and length of homelessness and experience of abuse?

- ***Research Question 2***

What are the differences between homeless youth who aged out of foster care and those who did not in age, gender, race, history of abuse, and length of homelessness?

Demographics

Demographic information, length of homelessness, and experience of abuse information are described in Table 4.1. Just over forty five percent of the sample aged out of foster care. The only significant differences in sample demographics among those who aged out of foster care was in the areas of education and current living situation. Those who aged out of the foster care system were less likely to have dropped out of high school (12.1% compared to 23.3% of those who did not age out of foster care). Those who aged out of foster care were also more likely to still be attending high school (18.9% compared to 5.4%), and were more likely to enroll in vocational education or higher education (46.6% compared to 29.7%). In contrast, those who did not age out of foster care were more likely to complete high school (41.9% compared to 22.4%).

In examining participants current living situation, those who did not age out were most likely to reside in a shelter (32.9% compared to 13.1%). The majority of emerging adults who had aged out of foster care reported residing in their own apartment, condominium or house (29.5%). Emerging adults who aged out of foster care were more

likely then those who did not age out of foster care to live in a transitional living program (26.2% compared to 13.7%).

There were no significant differences in gender between those who aged out of foster care and those who did not, with the sample being 49.3% male and 50.7% female. There were also no significant differences in race and ethnicity, age, or employment status. The majority of the sample reported being Black/African American (44.8%), averaged 19.78 (SD=1.7) years old, and was unemployed (56.1%). Both groups reported a high incident of abuse and neglect. The majority of the sample (61.3%) had been a victim of physical, emotional, or sexual abuse by a family member. There was no significant difference in reports of abuse between those who had aged out of foster care and those who had not.

Table 4.1.
Sample Characteristics by Aged Out

| Characteristics | Total sample n (%) | Aged out of foster care n (%) | Did not age out n (%) | χ^2 |
|--|-----------------------|-------------------------------------|--------------------------|----------|
| | 134 | 61 (45.5) | 73 (54.5) | |
| Gender | | | | .178 |
| Male | 66 (49.3) | 31 (50.8) | 35 (47.9) | |
| Female | 68 (50.7) | 30 (49.2) | 38 (52.1) | |
| Ethnicity | | | | 2.198 |
| White/Non-Hispanic | 27 (20.1) | 14 (23.0) | 13 (17.8) | |
| Hispanic or Latino | 32 (23.9) | 14 (23.0) | 18 (24.6) | |
| Black or African American | 60 (44.8) | 24 (39.3) | 36 (49.3) | |
| Other | 15 (11.2) | 09 (14.7) | 06 (8.2) | |
| Current living situation | | | | 10.1* |
| Apartment/condo/House | 37 (27.6) | 18 (29.5) | 19 (26.0) | |
| Home of relative, friend | 27 (20.1) | 12 (19.7) | 15 (20.5) | |
| Transitional living program | 26 (19.4) | 16 (26.2) | 10 (13.7) | |
| Shelter | 32 (23.9) | 08 (13.1) | 24 (32.9) | |
| Other (Street, couch surfing) | 12 (9.0) | 07 (11.5) | 05 (6.9) | |
| School status | | | | 13.6* |
| Not attending or dropped out | 24 (18.2) | 07 (12.1) | 17 (23.0) | |
| Attending high school or GED | 15 (11.4) | 11 (18.9) | 04 (5.4) | |
| Completed high school or GED | 44 (33.3) | 13 (22.4) | 31 (41.9) | |
| Enrolled or completed vocational or higher education | 49 (37.1) | 27 (46.6) | 22 (29.7) | |
| Currently employed | | | | 2.859 |
| Yes | 58 (43.9) | 29 (47.5) | 29 (40.8) | |
| No | 74 (56.1) | 32 (52.5) | 42 (59.2) | |
| Been a victim of physical, emotional, or sexual abuse by a family member | | | | 2.691 |
| Yes | 76 (61.3) | 39 (68.4) | 37 (55.2) | |
| No | 48 (38.7) | 18 (31.6) | 30 (44.8) | |
| | Mean (SD) | Mean (SD) | Mean (SD) | T-test |
| Age | 19.78 (1.70) | 19.59 (1.68) | 19.93 (1.72) | 1.172 |

*p<.05 **p<.01 ***p<.001

Developing in Foster Care

Specific Aim 2: Describe what is unique about growing up in foster care that impacts emerging adult competency.

- ***Research Question 1***

What differences in learned helplessness do homeless emerging adults perceive between those who have aged out of foster care and those who have not?

Differences in perceptions of learned helplessness

Following determination of the similarity of the sample on key demographics, qualitative data was analyzed to look for differences in perceptions that may provide information about how the developmental process differs for youth growing up in foster care. Data from the qualitative portion of the participant interviews (n=134) were analyzed to determine whether those who aged out of foster care were more likely to make statements indicating a perception of learned helplessness than their peers who had not aged out of foster care.

Table 4.2 contains statements of the verbalizations of learned helplessness and self-reliance among those who had aged out of foster care, as compared to those who did not. Those who aged out of foster care were more likely to make statements reflecting a perception of learned helplessness (n=36 of 61, 59%) while their peers who did not age out of foster care were more likely to make statements reflecting self-reliance (n=36 of 73, 49.3%).

Learned helplessness was identified when participants made statements indicating they felt a general lack of motivation, a lack of efficacy, or a lack of motivation to respond to or impact future events. In contrast, self-reliance was identified in participant

responses when they made statements indicating a self-perception that they are motivated, believe that they are competent and that their actions have the capacity to impact future events, and are motivated to respond to future events.

*Table 4.2.
Verbalizations of Learned Helplessness*

| Verbalization | Total sample N (%) | Aged out n (%) | Did not age out n (%) |
|-----------------------|-----------------------|-------------------|--------------------------|
| | 134 | 61 (45.5) | 73 (54.5) |
| No verbalization | 25 (18.7) | 11 (18.0) | 14 (19.2) |
| Verbalization of both | 14 (10.4) | 7 (11.5) | 7 (9.6) |
| Learned helplessness | 52 (38.8) | 36 (59.0) | 16 (21.9) |
| Self-reliance | 43 (32.1) | 7 (11.5) | 36 (49.3) |

Table 4.3 provides a sample of the quotes from interviews and illustrates how they were classified as “learned helplessness”.

*Table 4.3.
Samples of Qualitative Quotations: Learned Helplessness*

- *I didn't know what the real world would be like; nobody has taken the initiative to help me be successful (aged out)*
- *I don't think I am quite ready for the real world yet (aged out)*
- *I could never make it and didn't strive. (homeless, did not age out)*
- *Socially challenged, they need to stop desocializing us. They lock you up so much that when you get out you don't know how to function in the real world. I don't know how to drive because no one would show me .(aged out)*
- *Living on your own in foster care you depend on people to do things for you. When they throw you out into the world, you are confused and lost (aged out)*
- *Foster mom was always saying things for me. I was 20 so I need to say things for myself. (aged out)*

Table 4.4 provides a sample of the quotes from interviews and illustrates how they were classified as “self-reliance”.

Table 4.4.

Samples of Qualitative Quotations: Self-Reliance

- *I have the maturity to take care of myself (homeless, did not age out)*
 - *I'm responsible, motivated, a go-getter in life. I make my own decisions in life. (homeless, did not age out)*
 - *I am capable of being independent (aged out)*
 - *I am not nervous about being on my own because I am used to the fact that I am on my own. (homeless, did not age out)*
 - *I consider myself an adult because I can step up to responsibility. (homeless, did not age out)*
 - *I'm not nervous about being on my own because I have a good foundation. (homeless, did not age out)*
-

The differences in both learned helplessness and self-reliance in the data were striking both in terms of number and in terms of the depth and quality of the quotations. Those in foster care were emotive and shared detailed examples of how they felt helpless and dependent. Emerging adults who aged out of foster care overwhelmingly reported feeling their actions did not have the capacity to influence outcomes, that they were unprepared for adulthood, that they were at the mercy of other people to take care of their needs, and that their success was dependent on the actions of others. Their peers who were homeless but had not grown up in the child welfare system reported seeing themselves as capable, viewed their actions as impacting outcomes, and said they were responsible and prepared to take care of themselves.

Perceptions of factors which contribute to learned helplessness

- *Research Question 2*

To what do homeless emerging adults attribute differences in learned helplessness between those who have aged out of foster care and those who have not?

Although neither the interviews (n=134) or the focus groups (n=4) asked specifically about learned helplessness, the theme consistently arose in participant responses. The second research question of Aim 2 sought to provide insight into what youth view as contributing to the learned helplessness they identified in the first research question. Participants clearly reported systemic issues that contribute to learned helplessness among youth who have aged out of foster care. The following direct quotes illustrate the emerging adult perspective on how the system contributes to learned helplessness and how this might be corrected.

Participants responded well to the focus group format where they were able to build on each other's responses and participate in a group dialogue. With this format, it was not possible to separate which respondents had aged out of foster care and those who had not. This approach provided more developed responses that added depth to the responses gathered in the individual interviews, as evidenced by the direct quotes provided in Table. 4.5. Those quotes that spoke directly to theme of learned helplessness were included below.

Table 4.5.

Participant Feedback from Focus Groups

- So when you in foster care all you know is every month we gonna get some money to go do this and that and the other. You don't know where that moneys come from, whose working hard to get it and then the day when you're like eighteen, you go out there and you do what you need to do and you're gonna see how hard it is.
 - You know, like these life skill programs, they don't teach you how to survive in the world.
 - And then, you know, then, a homeless . . . like myself, like, well, I see all the crap that they gotta go through, CPS, the law and things like that. They're gettin' help but they got all these people that ...I don't got to deal with all that crap cause I can walk away, you know?
 - foster kids that you don't really get to explore like really locked in a room, like you can't go out. If you go out you have to do background checks and all this stuff and some you don't have the liberty to do stuff, you know, it's like, plus outside they said whatever goes on in here family whatever goes on in foster care stays in foster care. You can't tell someone else like your friends or something else. Um, I found that like a little, like, I don't know - - - It's just shocking to hear that, it's like, do people know about this? Obviously they know because I mean, they accept how the system is going, you know, very you know, rude you know, if your going to go out, you know, if your friends are going to take you for a ride, you go back to foster, the police has to go to that house parents to do a background check. Out of your yard property you're not like kinda like you're not a criminal, like it's not your fault. Situation here they should give us liberties, I mean, eventually you're going to leave. Eventually you're going to leave foster care. You're going to age out.
 - I understand that they know foster, they been there done that kinda thing they don't want you to go through that, but at the same time you don't really learn. You know the consequences then. You have to experience the pain to like (think), I'm not walking there anymore. You have to go through it, just, you know, to survive it. That's part of growing up.
 - Rewrite, rethink some of the rules or whatever for foster youth honestly. They are so locked up that when they get out of foster care it's like they're not going to know what to do.
 - Yeah you're born again. It's like streets they are sloppy cause they don't know what to do. They honestly don't know what to do. They should I think really foster care. Someone should just check out honestly outside to the world, they're not ready.
 - They're (youth who aged out) so use to being locked up and - -Like foster care or jail. Just cause they were just use to like being in this box and they are so angry and so bitter
 - They (youth who aged out) Really are, you know it's, I don't judge them because it's like I blame, I would blame the system basically cause I mean how to be ready for the world, not locked up from the world.
-

Participant feedback from qualitative interviews

Table 4.6 illustrates that most of the youth interviewed did not discuss their perception of what caused the prevalence of learned helplessness among youth who aged out of the child welfare system. Among those who did (n=19, 14% of the entire sample), the overwhelming majority (95% of those who attributed a cause for the learned helplessness) identified systemic problems within the child welfare system as the cause. One participant reported, in contrast to the majority, that the child welfare system had prepared him for adulthood stating, “(my) foster parents prepared me to be independent”. No specific question in the interview asked participants for the cause of learned helplessness among those who aged out of foster care. Rather, this information emerged from the data as participants discussed the subject in the course of answering other open-ended and semi-structured questions in the interview. For this reason, most of the information on what causes learned helplessness among those who age out of foster care was discussed by the youth who aged out. The system was something with which they could personally identify. It is notable that one of the homeless youth who had not aged out of foster care also saw the child welfare system as the cause of learned helplessness for those who aged out, stating, “It is hard for someone who’s been raised by the government to go live in a park like me. What is the point of kicking them out of foster care if they are just going to go straight to the food stamp office?”

Table 4.6.

Youth Who Attributed Learned Helplessness to the Child Welfare System

| <i>Verbalization</i> | <i>Total sample N (%)</i> | <i>Aged out n (%)</i> | <i>Did not age out n (%)</i> |
|--|-------------------------------|---------------------------|----------------------------------|
| | 134 | 61 (45.5) | 73 (54.5) |
| Attributed learned helplessness to the child welfare system | 19 (14.0) | 18 (29.5) | 1 (1.37) |
| Attributed learned helplessness to a cause other than the child welfare system | 0 (0.0) | 0 (0.0) | 0 (0.0) |
| Reported feeling prepared for adulthood by the child welfare system | 1 (.74) | 1 (1.6) | NA* |
| Did not discuss the causes of learned helplessness | 114 (85.1) | 42 (68.9) | 72 (98.6) |

*Did not apply to those who did not age out of foster care

The following direct quotes (Table 4.7) provide insight into what participants understood as the causes and contributing factors toward learned helplessness among those who aged out of foster care.

Table 4.7.

Participant Understanding of Causes and Contributing Factors Toward Learned Helplessness

- It is hard for someone who's been raised by the government to go live in a park like me. What is the point of kicking them out of foster care if they are just going to go straight to the food stamp office? (homeless youth)
 - I would say let the kid get more comfortable with more time in the outside world. (homeless youth)
 - I didn't know what the real world would be like; nobody has taken the initiative to help me be successful. (youth who aged out)
 - To be honest it's the different lives. Being in foster care, you're surrounded by nothing but support. Being on the streets...you don't got somebody there, all the time for you and you don't have somebody there to pay for stuff for you. (youth who aged out)
 - getting used to society again after they've kept me locked up. (youth who aged out)
 - loosen the noose a little, they're too strict. Socially challenged, they need to stop desocializing us. They lock you up so much that when you get out you don't know how to function in the real world. I don't know how to drive b/c no one would show me. (youth who aged out)
 - Let the foster students receive the freedom that they actually deserve and earn. Being able to change this for them to learn and explore the outside world lead them for success. When you're in care it's like you're stuck inside a house. (youth who aged out)
 - Living on your own in foster care you depend on people to do things for you. When they throw you out into the world, you're confused and lost. (youth who aged out)
 - When a foster child turns 17 let them have more freedom to let them get a taste of the real world. (youth who aged out)
 - Foster mom was always saying things for me. I was 20 so I need to be saying things for myself. (youth who aged out)
 - Develop a home to help foster youth become more independent. (youth who aged out)
 - Finding and keeping a job to pay the bills. In CPS people aren't taught good people skills like normal people. (youth who aged out)
-

Differences in Competence

- *Research Question 3*

Is there a statistical difference in competence between homeless emerging adults who have aged out of foster care and those who have not?

The research base on emerging adults aging out of foster care has traditionally measured competency with concrete measures of outcomes in areas such as health, education, employment and income and, more recently, attempts have been made at including social support. Although these concrete competencies are one method for measuring outcomes and have been an important indicator of the need for policy and practice interventions with both homeless emerging adults and emerging adults aging out of foster care, they are limited. Competency in connection with an examination of perceptions of learned helplessness enables an evaluation of current functioning and also the process of problem solving and coping. Examining the process of problem solving and coping through the theory of learned helplessness allows us to look at not just what is happening, but how it is happening, as well as, patterns that may impact future performance on outcome measures (ie mental health, education, employment).

The third question of Aim 2 sought to discover if there were any statistical differences in competence between the homeless emerging adults who aged out of foster care and those who did not. The purpose of this question is to address the hypothesis that 1) if these two groups are similar in background, demographics, and experience of abuse and 2) if we provide significantly more services to emerging adults who age out of foster

care to prepare them to carry out adult competency, then 3) we would expect that, if those services are effective, those who received them would be doing better than their peers who have not received the same services.

Consistent with the existing research base, this dissertation defined adult competency as: 1) mental health (measured with the K6 scale); 2) educational attainment; 3) employment status; 4) social support (measured by the social connectedness scale); and, 5) stress and coping skills (measured by the stress and coping scale).

All measures of competence were first computed individually using independent groups t-tests with the Statistical Package Statistics 18 by SPSS, Inc.. All measures showed no statistical difference between those who aged out of foster care and those who did not when evaluated using t-tests and chi square test for the categorical variable.

Table 4.8.
Measures of Competence

| | Total sample N= 134 | Aged out of foster care n (%) 58 (43.3) | Did not age out n (%) 76 (56.7) | |
|------------------------------|------------------------|--|---------------------------------------|----------|
| Measure of competence | Mean (SD) | Mean (SD) | Mean (SD) | t-Test |
| K6 Scale | 22.10 (5.47) | 22.60 (5.32) | 21.69 (5.59) | .347 |
| Educational attainment | 3.61 (1.93) | 3.95 (1.96) | 3.32 (1.87) | .063 |
| Social Connectedness | 57.71 (12.77) | 57.10 (13.53) | 58.48 (11.82) | .541 |
| Problem Focused Coping | 5.78 (2.16) | 5.77 (2.24) | 5.78 (2.09) | .967 |
| Social Coping | 34.10 (6.05) | 34.05 (5.7) | 4.14 (6.38) | .087 |
| Total Coping | 47.47 (7.63) | 47.09 (7.08) | 47.80 (8.12) | .601 |
| | | Frequency (%) | Frequency (%) | χ^2 |
| Currently employed | 59 (44.02) | 29 (47.5) | 30 (40.5) | .344 |

*p<.05 **p<.01 ***p<.001

There was no significant difference between emerging adults who aged out of foster care and those who did not on any measures of competency. No difference was found in the Analysis of the K6 scale, which measures non-specific psychological distress, educational attainment, employment status, social connectedness, or stress and coping.

Methodology as a Model

Specific Aim 3: Describe how participatory action research might be used to expand the methodology of working with homeless emerging adults.

The goal to use the current research methodology as a model of how participatory action research can be used with this population to strengthen policies and also perhaps empower youth and combat learned helplessness. Questions about the methodology were exploratory in nature and sought to examine how the use of participatory action research with this population impacts subjects. A subset of subjects were recruited, employed as researchers for the sponsoring agency, trained in data collection and research methodology, and participated in presenting the data in an advocacy role to both the community and state legislators. The following information was expected from this exploratory research:

1. The experience of homeless emerging adults who are peer researchers.
2. The thoughts/attitudes of peer researchers about the use of participatory action research with this population.
3. The peer researchers' perception of how participating as a peer researcher affected them.

The use of participatory action research is documented in the literature to increase response rates and improve the quality of data for hard to reach populations, but little is known about the use of this methodology specifically with homeless emerging adults and emerging adults leaving the foster care system. The follow insights add to the knowledge base regarding the use of this methodology among homeless youth.

Experience of Being a Peer Researcher

- *Research Question 1*

What is the experience of homeless emerging adults who are peer researchers?

All of the participants described the experience in positive terms. General comments are illustrated by the direct quotes provided in Table 4.9.

Table 4.9.

Participant Description of Experience

-
- It was awesome! [Laughter] Pretty much. I mean, like I stated time and time again, I mean this. . . this, really was a dream come true you know, because ah, I've seen so much happen in my life you know, and I've always wanted, you know, to go to the government, you know, and. . .and tell them what's going on and what needs to be done. . . But, I never thought in a million years that I would even go, come close to have that opportunity and today I. . .I did that, you know. And like, those, it was so, it was so surreal. Trying to grasp the concept that a dream came true, you know. Oh, I mean it was like, it was so, ah, I. . .I really can't explain it, you know.
 - It was very, it was very rewarding because I knew that, you know, that the. . . that the outcome would be great, you know. It. . . it is.
 - (Participating in the project), I gained back a little bit of hope. A little bit of. . .of confidence in the future, you know. As to the things that were actually pan out for the foster care system. I'm not longer in it, so, you know. What am I worried about my life for. No, I'm so worried about people that are going into the foster system.
-

Content analysis revealed one primary theme: the youth felt listened to and valued. They felt like their voice mattered. Youth describe their experience as peer researchers as something that added to their feelings of worth. They reflected on feeling that policymakers listened to them and valued their feedback. This theme is illustrated by the direct quotes provided in Table 4.10.

Table 4.10.

Peer Researchers Reflections of being Listened to and Valued

- I kept on thinking, you know, no one's really going to be able to , you know, no one was really gonna actually listen to me. However today speaking with the legislation, with the legislative staff, when I brought that up, they were very interested and very like, yeah, we'll. . .we'll try and run with that. So it give me confidence about that.
 - (Best thing about participating).. Feeling of value. As if my opinion mattered. As if the people I interviewed as if their opinion actually matters. You should have seen them when I went to legislatures earlier. . .earlier this morning. And then they were like, wow. And that actually makes. . . makes me feel, well, I always feel important. but it makes me feel a little more important.
 - I can do it. I never really met a legislative person. I guess and I got offered to go up here for the second time. So, I guess somebody listened
 - If there's a strong beautiful voice that no one is trying to listen to, it is a youthful voice, because it's not given a change to grow. And... and. .and once people start to listen, that voice will grow. It will get louder and louder and louder. And then it will be a mature voice, you know. A. . .a voice that matters, not just to the person, but everyone, you know. And that it, that will be the voice that people respond to and that should everyone's voice, but unfortunately that's not the case. But, I think today, you know, quite a few voices have grown.
-

Thoughts about Participatory Action Research with Homeless Emerging Adults

• *Research Question 2*

What are the thoughts of peer researchers about the use of participatory action research with this population?

The content analysis of the qualitative interviews with peer researchers revealed two themes: 1) the methodology improved the depth of responses, and 2) young people have lessons for those in charge.

The first theme is that young people were more willing to be open in the interviews because they were being conducted by peers. The peer researchers felt that

the bond created by having a common experience allowed the participants to share with them. This theme is illustrated in the direct quotes provided in Table 4.11.

Table 4.11.

Peer Researcher Observations of How the Methodology Impacted Responses

- It got kids to open up more. To another, a kid will open up to another kid more than he would to an adult. But if I, but if I'm a kid and you're a counselor, and I ain't never met you, and your doing this, "I don't know what to say to you." So, I'm just like, "Yes. No. Maybe. I don't know."
 - I think it was easier for me to get information out of them as opposed to a professional
 - People felt more comfortable giving. . .giving honest answers. If it had been a professional they would have never elaborated on anything
 - I guess people can relate more to me because I, like I been through a lot and I can relate to a lot.
-

The second theme that emerged from the data was that emerging adults have answers. Participants not only had ideas about change but were willing to bring solutions to the table. The power of the youth voice emerged in the data. Participants primarily focused on two changes, neither of which required funding. They focused on a need for rules to allow for continuity of relationships and for those in charge of policies and programs to listen to them. This theme is illustrated by the following direct quotes:

Table 4.12.

Participant feedback for change

- They won't be hurting you. It ain't coming out your pocket. It ain't coming out the taxpayers pocket cause I'm not asking for nothing. I'm just asking you for relationship.
 - Maybe somebody, so maybe kids just need somebody to talk to. You don't have to always give them money, give them trips, and give them chips, just talk to them.
 - I think majority, the thing I'm trying to say is, like when you, when people leave foster care period, I think, you can't give us money, you can't give us a [Inaudible segment] , you can't give us a car, at least give us a security net. Somebody to talk to. That we can all go to. There doesn't have to be a cut-off time.
 - You couldn't talk, once you got out of the shelter, you couldn't talk to the shelter staff any more. You had to talk to the other staff. And, if I have a relationship with them, how am I suppose to just cut that off and be like, I gotta go over here. That's like somebody saying, "I can't talk to your Mom because she's moved up to Chicago." That's your Mom. What do you mean?
 - When they repeat what you just said, in their own words, that lets you know that they're listening. When they add on to what you just said, that lets you know that they care. Beyond the fact that their listening, and that's what we need, you know.
 - The youths know what they need. Listen to them, you know. Regardless of what you may feel, you don't know what's best. We do. So, instead of coming, you know, trying to think about, you know, what your ideas are, listen to our ideas. You know, this is our problem, you know. Not yours. Your job is to help us solves our problems you know. Now, if you have a leaky faucet, you can figure out how to fix it, you know. But, if I have a leaky faucet, and I know a good way to do it, darn it, you're gonna do it how I tell you to do it, you know. I mean, I'm not trying to be brut, but I mean, gotta listen. We know, we know, you know, what needs to be done. We see it, and, it. . . it. . .it really is time for everyone to open their ears and listen. They have to listen.
-

Perception of Effect

- *Research Question 3*

What is the peer researchers' perception of how participating as a peer researcher affect them?

Analysis revealed the following three themes regarding attitudes about the impact of participating as a peer researcher: 1) participants gained a desire to continue helping others, 2) they gained an increased empathy for others, and 3) they felt empowered to make a difference.

The first theme was that not only had participants felt like what they did mattered but participating in the project created a desire to continue helping others. Participants' descriptions are provided in Table 4.13.

Table 4.13

Expressions of Desire to Help

- They ah, I'm getting a new found respect for researchers, you know, because now I see from their point of view, you know, like how much time, effort and devotion that goes into doing this. And, I mean it was.....it was, it was crazy, but ,you know. Like I said in the end it's very, very ah, hesitating, you worry [Laughs] you, know, and I know now not pass judgment, you know. Because I mean what they do it means something, you know, far beyond anything that I could have fathom before. And, I mean, this. . .this is something even if it's not a career, I see myself continuing doing.
 - It got rid of me being, you know, ah, half wide bigot, you know, towards researchers and politicians, you know. I mean, I'm. . .I'm starting to see things differently, you know, ah, for the better, you know, and now I see that I can work with people in these professions to help better others instead of working against them. Because when I was doing this that . . . that was my mindset, was working against the government to help others. But now I see it's not against them but at their side.
-

Table 4.13. Continued
Expressions of Desire to Help

-
- like instead of having people, I mean, no offense to anyone, but instead of having folks that was doing it because it was their job, you know. There were people doing it because. . .because they really wanted to see something happen. But, I. . . I'm gonna be honest and make a slight confession. When I first received the call, you know, about, you know doing a sorta job with surveys, the only thing that was on my mind, you know, at the time was money because I was broke, I had nowhere to go, and I needed the money. And, the words I told her was, I'd do anything for a job, but once I found out what I was actually doing, money didn't even matter to me anymore. I mean, I had. . .really I had literally completely forgotten about the money. And. . .and when I had gotten a check, I was like, what is. . .what is this for? I was like, oh yeah, that, yeah, you know. And, I mean this like, it. I ended up like, I. . . I started it for the money, but I finished it for them. And, I mean that's. . .that's worth more than. . .than any check, you know.
-

The second theme emerging adults discussed was empathy. Participating in the project helped them gain a greater sense of empathy for others. This theme is illustrated by the direct quotes provided in Table 4.14.

Table 4.14
Expressions of Empathy

-
- the most important was empathy, you know, ah, empathy. You know, like, regardless of what was said that always to see this from their eyes, you know, so, you know, so. . .so, I would truly know what the problem is and how to solve it, you know. I made sure to whatever opinions I had, however I felt about a situation, that I blocked it entirely because how I felt did not matter. This was not about me. It was about them. So I had to put all my focus and my attention on them, and it paid off greatly.
 - Yeah because I walk, I use to walk, like, every day, like, let's say, this is what I'm gonna do for me. This is what I'm gonna do for my life. This is what I'm gonna do, like forget about it. It was, I ain't worried about nobody else. I been through a lot. I'm more worried about me, but me doing this program make me look at like, everybody is, everybody gotta struggle and you just can't push everybody out your life because you had a mistake, or you messed up, or you something, like maybe, you tell, you tell the other people your story can help them through, go through it. Can help them like, like, get out of their situation cause they like, "Oh, my life's not so bad, look what she did."
-

The third, and final, theme that emerged from the data was that the peer researcher felt empowered to make a difference. The direct quotes provided in Table 4.15 reflect this theme.

Table 4.15
Expressions of Empowerment

- I now know that. . . that it is true possible to do something about it. And it's so easy, you know. And I now know that I can tell this to everyone else. You know, I can say, I mean, if. . . if. . .if you don't like it, do something about it. I mean, I did. You know, let it out. Go. . .go tell 'em, you know. But, I know just like. .like, what we did, don't. . .don't just come with a problem, come with a solution
 - taking the information to the Capitol. You know, making. . .making that giant step, you know. Actually. . .actually making a difference, or. . .or, taking all these unheard voices and giving it to the Representatives for them to hear, you know. Like, I did what millions of others don't wanna do. And what seems like such a simple thing, I mean, it made such a big difference even though nothings even happened yet, you know. Because, this is on their minds. Odds are, they're gonna to go to sleep with this on their minds. They're gonna wake up working on this tomorrow, you know. And, ah, they're gonna pass some of this information to the Senators. You know, the senators are going to discuss this. And odds are, this is going to be discussed, you know, among the House. And that is when it becomes national. And someone's is gonna, you know, take legislative action, then it's gonna to become a bill. And eventually that bill is gonna become a law. And it won't be just for the state, it'll be federal. And. . .and this could take three years, but, I mean, what happened today is going lead up to that. And, it's because of us. And. . . and ?had I not stepped? into that building, it wouldn't never happen, you know.
 - I'd say that, the most important thing that I learned was, Ok, this is gonna sound really cliché, and don't laugh, but the most important thing that I learned is, you can make a difference, you know. And, I mean, I. . .I heard that so many times but I never really paid attention to it until now. I. . . I. . .I now really know that you really can make a difference. I mean, it's. . .it's not just possible, it's highly probable. I mean, it's so, it's. . . it's. . .it's right there in front of you. You know, you just. . . just reach out and grab it and you've made a difference and I'm, I now know that I wanna keep that in my head at all times, you know. Now that I know how probable and how simple, and how easy it is, to make a. . .to make a difference and I'm gonna spread that out to other people. I'm gonna show them and prove to them that people can make a difference, you know. Because, I mean everyone wants to, but they don't think they can. And, I'm proof that you can. And so, when I get back I'm gonna spread that as much as I can.
-

Table 4.15 Continued
Expressions of Empowerment

-
- One person can make a difference. One person can make a difference. Not on their own. I know that. . . I know that's ?perplexing? But, one person can start the ball rolling. And when you ask the questions, you get the answers. When you get the answers, people wanna know why you want the answers. When people want to know why you get the answers, then people asking you the questions, then you tell them. And you got more people. And so, it's a snowball effect. If one person starts. . .starts saying something, then. . .then it just falls on down the road until it becomes a huge freaking avalanche. And that's pretty freaking cool. I think it's really cool.
 - And, being in this project, you know, being able, you know, try to do something about it. It was actually pretty motivating for me. It was something that I could, you know, leadership ?two things? because it's not only just giving out questions and like, just waiting for the answers, it was actually trying, you know, motivate them to open them , open them self up to me you know, as a perfect stranger. As for them to say, "You know what, this is what, this is my story. I want you to hear it.
-

Summary

Describing the sample characteristics by whether they aged out of foster care reveals that the only significant differences between the two groups across demographic variables were educational status and current living situation. There was no difference in age, gender, length of homelessness, ethnicity, employment status, and experience of abuse. This is notable because it suggests that this study sample is reflective of what previous research found, that homeless young adults who have not received child welfare intervention share a common background and performance on measures of adult competency with their peers who have aged out of foster care.

The study also sought to describe the significant factors created by growing up in foster care that impact adult competency. Analysis of the qualitative data related to these research questions presented interesting findings as follows: 1) emerging adults who have

aged out of foster care are more likely to make statements which reflect a concept of learned helplessness while those who are homeless, but have not aged out of foster care, are more likely to make statements reflecting a mindset of self-reliance; 2) the emerging adults in the sample attribute this difference to systemic issues, such as a lack of independence for foster youth, not being prepared for the real world, and being overly dependent on others; and, 3) despite program (ie Preparation for Adult Living) and policy intervention (Foster Care Independence Act, 1999; Fostering Connections to Success and Promoting Adoptions Act, 2008), emerging adults who exit foster care are no more competent than their peers who did not receive the services associated with foster care.

Finally, this study sought to explore the research project itself and the impact it had on participants. It raised the question, whether the methodology itself could be instrumental in promoting competence for emerging adults. Several important themes arose from the analysis of the qualitative interviews with the peer researchers. The peer researchers felt that participating in the project mattered, that people listened to them and that they had a voice. Related to the impact of the methodology on the data, they reported that homeless emerging adults were more likely to talk to them and to give them a greater depth of information because they were peers. They also reflected that when policymakers sought feedback youth would provide real and feasible solutions to their own problems. Finally, the findings suggest that the peer researchers directly benefitted from participating in the project. They reported an increase desire to help others, peer researchers felt a greater sense of empathy for others, and they felt empowered to make a difference.

Chapter 5: Discussion and Conclusions

Previous research has repeatedly documented that youth who age out of foster care have poor outcomes among domains traditionally used to measure adult competence (Courtney, Terao, & Bost, 2004; Pecora, Kessler, O'Brian, White et al., 2006; Urban Institute, 2008). Past research has not explored why those who age out of foster care continue to do poorly despite programs and policies (Foster Care Independence Act, 1999; Fostering Connections to Success and Promoting Adoptions Act, 2008; The Independent Living Initiative, 1985) designed to support independent living. This study addressed several gaps in the existing literature. First, it sought to compare youth who aged out of foster care to peers who had not aged out but who were also experiencing poor outcomes (i.e., homelessness). Second, it built upon the existing quantitative data (that indicated poor outcomes), by using qualitative data to explore likely factors contributing to poor outcomes. Third, it examined the theory of learned helplessness as a factor in the challenges of emerging adults who age out of foster care. Finally, this study sought to explore these factors from the perspective of emerging adults. Their voice was maximized using participatory action research methods by employing homeless emerging adults as researchers. The impact of this methodology on both the participants and the project was explored.

The findings suggest the following: 1) homeless emerging adults and emerging adults who age out of foster care are similar enough in background that homeless emerging adults can be used as a reasonable comparison group for research on emerging adults aging out of foster care, 2) homeless emerging adults and emerging adults aging

out of foster care differ primarily in the experience of child welfare and in the receipt of enhanced services (e.g., preparation for adulthood classes, housing assistance, college assistance) to improve outcomes in adulthood by those who age out (i.e., homelessness, education, employment, etc.), and 3) given that the two groups are so similar and have the same poor outcomes on measures of competency, then the current child welfare system, or the current policies and programs designed to improve outcomes in adulthood, or both, are not effective. Further, differences in self-reliance and learned helplessness can not be attributed to demographics because the two groups were similar on demographic variables.

This discussion chapter consists of three sections. The chapter begins with a summary and interpretation of the major findings, organized according to the three guiding research aims. The second section discusses implications for child welfare practice and policy. The final section concludes with considerations regarding limitations of the current study and recommendations for future research.

Summary and Interpretation of Findings

Specific Aim 1

One of the basic assumptions in interpreting the findings is that homeless emerging adults are an appropriate comparison group for homeless emerging adults who age out of foster care and therefore can be used to evaluate the effectiveness of programs and policies. This section will discuss a few highlights from the findings which support the use of homeless emerging adults as a comparison.

Description of the Sample

The first research aim was to describe the sample. The findings reflect that this sample is similar to previous research on both homeless emerging adults and those who age out of foster care. Previous research has found a significant overlap between the two groups with those who age out of foster care having a high prevalence of homelessness (California Department of Social Services, 2002; Lenz-Rashid, 2006; Texas Foster Care Transitions Project, 2001); while the general population of homeless emerging adults have a high incidence of abuse and neglect, family disruption, and family risk factors which are similar to youth who age out of the child welfare system (Courtney & Dworsky, 2006; Keeshin & Campbell, 2011; National Child Traumatic Stress Network, 2007; National Coalition for the Homeless, 2008; Toro, Dworsky, & Fowler, 2007).

Specific Aim 1: Research Question 1: The Overall Sample

What are the characteristics of the study sample, regarding demographics and length of homelessness and experience of abuse?

Findings regarding the entire sample found that this sample is similar when compared to previous research on homeless youth in the areas of demographics, length of homelessness, and experience of abuse. Overall, it is estimated that approximately 23% of the homeless population are between the ages of 18 and 30 (U.S. Department of Housing and Urban Development, 2010). Studies are inconsistent on the gender make-up of homeless youth with many reporting that homelessness is more common among male youth (Heinze, Toro, & Urberg, 2004; Tereo, Dworsky, & Fowler, 2007) while others report more homeless females than males (Toro, et al., 2007). Overall, it is estimated that females are more likely to utilize shelters and are more represented in samples taken from

shelters (Substance Abuse and Mental Health Services Administration, 2011; Substance Abuse and Mental Health Services Administration, 2011; Tereo et al., 2007). Current research is also contradictory on the issue of race and ethnic composition for homeless emerging adults. Compared to the racial and ethnic makeup of their surrounding communities some studies have found an over-representation of minority youth among the homeless, while others have found no difference (Substance Abuse and Mental Health Services Administration, 2011; Toro et al, 2007). Among the general homeless population, not limited by age, the majority are White, Non-Hispanic (41.6%) followed by Black/African-American (37%) (U.S. Department of Housing and Urban Development, 2010).

In comparison, participants in this study had an average age of just under 20 years (19.78) and were almost evenly split between males and females (males=49.3%, females=50.7%). Compared to existing research on the general homeless population, this sample was disproportionately Black/African American (44.8%) followed closely by Hispanic (23.9%) and White (20.1%). This does reflect a disproportionate number of underrepresented groups when compared to the overall population of Texas which is predominately White (70.4%) followed by Hispanic (37.6%) and Black/African American (11.8%) (participants may identify with more than one group) (United States Census Bureau, 2010). The average length of homelessness for the sample was slightly over 13 months (13.7).

Previous research has estimated the rate of abuse and neglect among homeless youth to be high with rates between 40 and 84% (Keeshin & Campbell, 2007; The

National Child Traumatic Stress Network, 2007). This study was consistent with this, finding that more than half the sample (61.3%) reported being a victim of physical, emotional, or sexual abuse.

Specific Aim 1: Research Question 2: Comparing those who aged out of foster care with those who did not

What are the differences between homeless youth who aged out of foster care and those who did not in age, gender, race, history of abuse, and length of homelessness?

This study found that those who were homeless and aged out of foster care were similar in demographics with those who were homeless but did not age out of foster care. There was no statistically significant difference between the two groups in age, gender, history of abuse, or length of homelessness.

The mean age for both groups was between 19 and 20 years old (aged out =19.59, did not age out=19.93). The sample is taken from those who are toward the early end of the developmental period of emerging adulthood (18–25). This may be important in understanding one of the differences found between the two groups, educational status. The results of the current study found that youth who aged out of foster care were more likely to still be enrolled in some type of educational setting. It is possible that, because youth are still at the younger continuum of the developmental period, they may still have some involvement with caseworkers, foster parents, and system supports. However, current enrollment does not mean they will complete high school and/or higher education.

Both groups are closely split between males and females with those who aged out of foster care being 50.8% male compared to those who did not at 47.9%. They also experienced a similar length of homelessness with both reporting approximately a year of homelessness (aged out=11.86 months, homeless did not age out=14.49 months).

Previous research has estimated the rate of abuse and neglect among homeless youth to be high with rates between 40% and 84% (Keeshin, & Campbell, 2011; The National Child Traumatic Stress Network, 2007). Among the youth interviewed for this study, 68.4% of those who aged out of foster care reported being a victim of physical, emotional, or sexual abuse by a family member compared to 55.2% of homeless emerging adults who did not age out of foster care. These rates were similar to those reported by the homeless youth in the study who did not age out of foster care, slightly more than half (51%) of whom reported experiencing abuse by a family member.

Further, this study found the two groups to be similar across other groups had a significant difference on two factor living situation and school status. Youth who aged out of the foster care system were more likely to be enrolled in an educational setting whether it was high school, college or a vocational program. This difference in educational status is important because education has been linked to outcomes in the areas of employment and income (Ferguson, Bender, Thompson, Maccio, & Pollio, 2011). This difference indicates that child welfare policies that support education may be effectively encouraging enrollment (Foster Care Independence Act , 1999). Current policies and programs that provide financial support for youth leaving foster care often require enrollment in school in order to receive benefits (Foster Care Independence Act ,

1999). Due to the cross-sectional design of this study and the focus specifically on emerging adulthood (18–25), it is not possible, nor important for the purpose of this study, to determine whether enrollment will equate with future completion of education.

Overall, with the exception of education status and current living situation, the results of this study supports the hypothesis that both groups are demographically similar and share a similar history of abuse, which makes it possible to use homeless youth as a comparison group for youth who age out of foster care to evaluate the effectiveness of policies and programs aimed at helping them in the transition to adulthood.

Specific Aim 2

Describe what is unique about growing up in foster care that impacts emerging adult competency.

The second research aim sought to explore explanations for the continued poor outcomes among youth who aged out of foster care despite receiving services designed to improve outcomes. Specifically, it was hypothesized that youth who are raised in foster care may experience a learned helplessness which impedes their ability to manage the challenging transition to adulthood. Findings from the first research question related to this aim, which are discussed later in this section, revealed that the data strongly supported this conclusion. Further, although not initially hypothesized, analysis also revealed a theme of self-reliance among the youth who did not age out of foster care. Additionally, the second research question sought to explain, from a youth perspective, is the factors contributing to their learned helplessness. The third research question related to this aim sought to confirm that this sample of youth who aged out of foster care had no

difference in measures of competence, when compared to their homeless peers who did not age out, indicating that current programs and policies may not be effective in promoting adult competence.

This section will discuss three major findings. First, emerging adults who aged out of foster care were more likely to express feelings of learned helplessness while those who did not age out of foster care were more likely to express feelings of self-reliance. Second, the youth in this study attributed the prevalence of learned helplessness among youth aging out of foster care to growing up in the child welfare system. Finally, the data confirmed that youth aging out of foster care exhibit no differences in competence when compared to their peers who did not age out of foster care, supporting the conclusion that the current system, including enhanced services and policies (i.e. Preparation for Adult Living, Educational and Training Voucher Program, transitional housing, Medicaid expansion), is ineffective at supporting competence for youth who age out of foster care.

Specific Aim 2: Research Question1: Learned helplessness and self-reliance

What difference in learned helplessness do homeless emerging adults perceive between those who have aged out of foster care and those who did not?

This study defined learned helplessness as the verbalizations of themes that indicate a lack of motivation, a lack of efficacy, or a lack of motivation to respond to future events. To reiterate, Maier and Seligman (1976), theorize that learned helplessness occurs in situations where an individual is presented with events which are out of their control and they learn that their responses are not connected to or do not affect the outcome. The learning that takes place in an environment that is uncontrollable translates

to future events and undermines the individuals' motivation to initiate responses to affect future events. Learning that an outcome is independent of a response makes it difficult for the person to later learn that a response can or does produce an outcome (Maier & Seligman, 1976) . For example, children developing in foster care often learn that despite their efforts to have good behavior they will be moved from foster homes repeatedly. In time this teaches the child that their choices have no impact on the outcome and they stop trying.

Using content analytic procedures as described in Chapter 3, analysis revealed those who aged out of foster care were more likely to make statements reflecting a perception of learned helplessness (n=36, 59% compared to n=16, 21.9% for those who did not age out) while their peers who did not age out of foster care were more likely to make statements reflecting self-reliance (n=36, 49.3% compared to n=7, 11.5% for emerging adults who aged out).

Learned helplessness was identified when participants made statements indicating they felt a general lack of motivation, a lack of efficacy, or a lack of motivation to respond to or impact future events. In contrast, self-reliance was identified in participant responses when they made statements indicating a self-perception that they are motivated, believe that they are competent, and that their actions have the capacity to impact future events, and are motivated to respond to future events.

Specific Aim 2: Research Question 2: Factors contributing to learned helplessness

To what do homeless emerging adults attribute differences in learned helplessness between those who aged out of foster care and those who did not?

The second research question explored the youth perspective about what was contributing to learned helplessness for emerging adults aging out of foster care. The youth reported that they think the child welfare system de-socialized them, that they learned to depend on other people making decisions for them, and the system did not teach them to survive in the real world.

A clear theme emerged that described a system that, in spite of having programs aimed at preparing youth in foster care for adulthood (Preparation for Adult Living), actually resulted in a disempowerment, prohibiting them from learning to deal with the reality of adult life. Participants discussed current policies regarding background checks as an example. The current policy requires a background check for any family that a youth in foster care will stay with (State of Texas, 2012), even if the youth just wants to do a sleep-over at a friend's home. This impedes normal developmental activities like sleepovers with friends. This was just one example of how both explicit and implicit policies and procedures can create a different developmental experience for youth in foster care. Youth also expressed concern that foster parents and caseworkers could be over protective. Participants discussed difficulty gaining permission to drive and cited the system's concern with liability. For example, the following are samples of youth statements:

“Socially challenged, they need to stop desocializing us. They lock you up so much that when you get out you don’t know how to function in the real world. I don’t know how to drive because no one would show me.” (youth who aged out)

“I understand that they know foster, they been there done that kinda thing they don’t want you to go through that but at the same time you don’t really learn. You know the consequences then. You have to experience the pain to like (think), I’m not walking there anymore. You have to go through it, just, you know, to survive it. That’s part of growing up.” (youth who aged out)

Although no policy exists to explicitly deny youth the experience of driving, both youth reported, and this author’s practice experience, support the idea that implicit policies may exist. The fact that state child welfare agencies exist in an environment influenced by both legislative and media scrutiny may influence both caseworkers and foster parents to be adverse to allowing youth to take risks normally associated with the transition to adulthood when, in fact, a hallmark of the transition to adulthood is taking risks and learning from mistakes (Arnett, 2000).

In contrast, homeless youth who have not aged out of foster care are likely to experience the abuse, neglect, and family disruption experienced by youth in the child welfare system. Those youth lack the protective structure of the child welfare system; instead, they learn to maneuver the world unassisted. They learn how to live on the street, avoid predators, and maneuver public transportation and public assistance programs. A lifetime of living in poverty, homelessness and/or housing instability prepares them for the reality of homelessness. This is evidenced by the following youth statement:

“I’m not nervous about being on my own because I am used to the fact that I am on my own.” (homeless, did not age out)

Arguably neither the overprotective nature of child welfare nor the hard realities of homelessness are the ideal developmental environment for emerging adults. But given that these are the current realities, this leads to the question of whether or not child welfare intervention makes a positive difference.

Specific Aim 2: Research Question 3: Differences in Competence

Is there a statistical difference in competence between homeless emerging adult who have aged out of foster care and those who have not?

Youth who aged out of foster care did not display a difference in measure of competence when compared to their peers who had not aged out of foster care. Despite the fact that the majority of youth in foster care receive psychological services (McMillen et al., 2004), they displayed no difference in mental health than their peers not in the child welfare system. Additionally, results showed no difference in educational attainment. This is despite the majority of youth in foster care receiving special education services (Smucket, 1996). Additionally, The Foster Care Independence Act (FCIA) provides the Educational and Training Voucher Program with \$60 million dollars (\$5,000 annually per youth) in funding for postsecondary education and training for youth who age out of foster care (Foster Care Independence Act of 1999). Youth who aged out of foster care were no more likely to be employed than their peers despite employment skills being part of the independent living programs mandated by FCIA, and one of the five major goals of the legislation (Foster Care Independence Act of 1999).

Further, the FCIA is intended to support youth by providing emotional and personal support to transition through relationships with committed adults and mentoring. The results showed that child welfare systems are not achieving this goal. Participants fared no better on measures of social support and stress and coping skills than their peers who had not received these services.

In 1999 the FCIA doubled funding for independent living programs to assist emerging adults in successfully transitioning out of foster care and into adulthood (Foster Care Independence Act of 1999). Despite state and federal appropriations to fund foster care, medical and therapeutic services, the provision of independent living services which include life skills training, budgeting, and vocational training, and the provision of services into adulthood (18–20 years)—including financial assistance, housing, counseling, employment, and education—youth who aged out of foster care do not perform better than their peers who have not received these services.

It is possible that youth continue to have poor outcomes despite policy (Foster Care Independence Act, 1999; Fostering Connections to Success and Promoting Adoptions Act, 2008) and program intervention because these programs are addressing the symptoms of the problem and not the problem itself. Youth who transition from the child welfare system have been discouraged from taking the risks normally associated with adolescence and young adulthood. Further, they grow up in a system that fosters learned helplessness as opposed to the self-reliance necessary for a successful transition. Young adults transitioning from foster care are even more in need of self-reliance and survival skills than youth who grow up in traditional homes. They are statistically more

likely to become homeless and to experience poverty than youth who do not age out of foster care (Goerge, Bilaver, & Bong, 2002). Despite this reality programs do not teach youth the skills necessary to survive in the world they will live in.

Summary Specific Aims 1 and 2

The current study found that those who aged out of foster care and those who were homeless but did not age out of foster care were similar in demographics. There was no statistically significant difference between the two groups in age, gender, history of abuse, or length of homelessness. This suggests that useful insights might be provided by using the general population of homeless emerging adults as a comparison group for those who are homeless after aging out of foster care.

Findings from the current study indicate that there may be something unique about growing up in the child welfare system that impacts the achievement of adult competency. Qualitative analysis revealed that 59% of those who aged out of foster care made verbalizations of learned helplessness compared to only 21% of those who did not age out of foster care. In addition, among those who did not age out of foster care, 49% made verbalizations of self-reliance while only 11% of those who aged out of foster care did so.

The findings indicate that although demographic factors (such as experience of abuse, family disruption, and poverty) are similar for homeless young adults who age out of foster care and for homeless young adults who are not leaving foster care, there may be something about the child welfare system and its policies that inhibits youth in the development of self-efficacy, motivation, and the belief that they can affect future events.

Specific Aim 3

Describe how the participatory action research might be used to expand the methodology of working with homeless emerging adults .

This research utilized participatory action research (PAR) as a methodology. This type of research is distinctly different from traditional research methods in that its purpose is to stimulate action. Using this approach participants in this study collected data and then formulated an action plan. Participatory action research is also focused on redistributing power. The goal was for the study to be designed in a manner that would facilitate the sharing of power between the researcher and the participants. In fact, in PAR, the participants become the researchers; they are part of a team throughout the entire research process. PAR encourages the active participation of subjects in the design of the study, data collection, analysis, and formulation of an action plan (Baum, MacDougall, & Smith, 2006). A primary goal of PAR is that those being studied should be actively involved in the research process. Another aim of PAR is to empower those involved (Ozanne & Saatcioglu, 2008).

This methodology has grown in popularity over the last 20 years. It is used in research areas such as public health (Ozanne & Saatcioglu, 2008), mental health (Pullman, 2009), consumer research (Ozanne & Saatcioglu, 2008), education (Camarota & Fine, 2008), social work education (Norton, Russell, Wisner, & Uriarte, 2011), and many other fields.

Consistent with PAR this project included homeless young adults, including a subset who aged out of foster care, in all aspects of the research. As described in Chapter 3, the youth participated in all phases of the research process beginning with the design of

questionnaires through the presentation of findings and their recommendations to members of the Texas legislature and community.

The use of PAR among this particular population is not well-documented. In order to explore the use of this methodology as an approach with this population a final phase of data collection was added that explored the peer researchers' experience with project.

Findings revealed that PAR is a promising approach for use with this population. Data revealed that participants unanimously reported that participation was a positive experience. The youth felt listened to and valued. Many reported feeling listened to for the first time and that this elevated their feelings of self-worth. Participants also reported they believed the data was richer due to their work as peer researchers. It is traditionally extremely difficult to engage former foster youth in research because they are leery of an involvement with the system, and tend to view researchers as part of the system (Gilbertson & Barber, 2002). By using PAR this project was able to engage participants and encourage them to open up about challenges they might be hesitant to share with traditional researchers.

The use of the PAR methodology had more than lessons for researchers; it also presented lessons for policy-makers. Youth participants were able to share their perspective on problems with current policies and programs and they also shared their recommendations for solutions. Further, their solutions are feasible. The young adults who participated in this project were aware that, during the legislative session in which they discussed their findings, that the state of Texas was in a budget crisis and that

additional funding for programs was not viable. They proposed policy changes that were meaningful to them but also required no funding. One of the primary recommendations focused on having opportunities to establish ongoing relationships with caring adults. This is an area that has garnered increased attention from child welfare practitioners and researchers over the last few years but still received less focus than material supports such as housing, education vouchers, life skills, etc. The PAR youth presented this as a primary need that could be addressed by redefining policies, not by spending money.

Finally, participation in the project appears to have had a major impact on the participants themselves. In contrast to traditional services they receive where a professional is in charge of giving them information, resources, or funds, this approach puts the youth in charge. They expressed three positive outcomes from this: 1) They wanted to continue helping others, 2) they felt more empathy for others, and 3) they felt empowered to make a difference.

Participants felt their participation in this research mattered; had a purpose and an impact. As opposed to the concept of learned helplessness—youth report feeling a general lack of motivation, a lack of efficacy, or a lack of motivation to respond to or impact future events—the youth who participated in this project began to feel they did and could impact the future. This is particularly meaningful given the findings from Specific Aim 2 regarding learned helplessness. This indicates that, despite previous experiences, among those who aged out of foster care (three of the peer researchers aged out of foster care), that taught them learned helplessness they can begin to learn new

skills from empowering experiences. Participation began to alter their perceptions; they and their actions do matter. One participant describes it well:

“I’d say that , the most important thing that I learned was, Ok, this is gonna sound really cliché, and don’t laugh, but the most important thing that I learned is, you can make a difference, you know. And, I mean, I...I heard that so many times but I never really paid attention to it until now. I...I...I now really know that you really can make a difference. I mean, it’s..it’s not just possible, it’s highly probable. I mean, it’s so, it’s...it’s...it’s right there in front of you. You know, you just...just reach out and grab it and you’ve made a difference and I’m, I now know that I wanna keep that in my head at all times, you know. Now that I know how probable and how simple, and how easy it is, to make a..to make a difference and I’m gonna spread that out to other people. I’m gonna show them and to prove to them that people can make a difference, you know. Because, I mean everyone wants to, but they don’t think they can. And, I’m proof that you can. And so, when I get back I’m gonna spread that as much as I can.

Implications for Practice and Policy

The studied population continues to do poorly, but is this due to the policies being ineffective, youth having so many deficits that even with assistance lifting them up the threshold is still low, or a combination of both? Comparing emerging adult outcomes between those who aged out of foster care and those who did not within the homeless population allowed an opportunity to gain insight into whether poor outcomes are due to pre-existing risk or are systemic.

Implications for Theory

The findings provide support for expanding the theory base supporting research on youth aging out of foster care. The majority of research to date has not been theoretical and has focused on descriptive studies of outcomes with limited to no

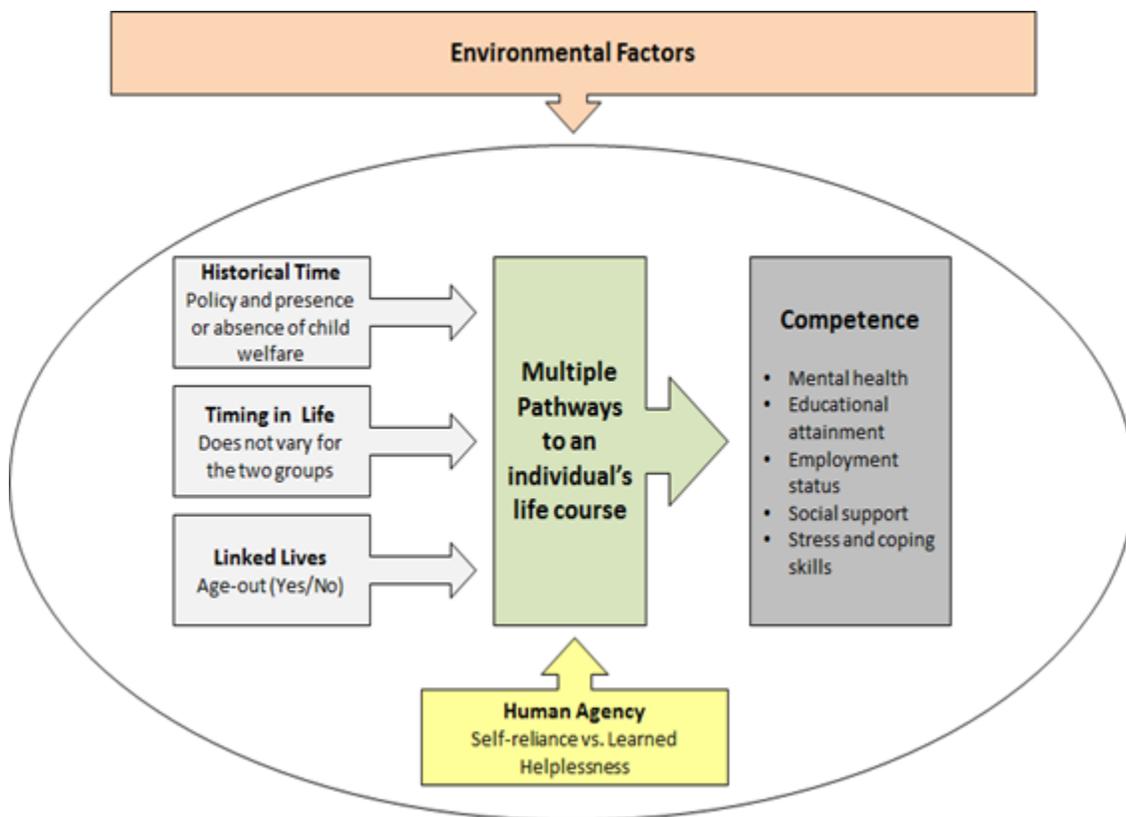
theoretical foundation undergirding it (Berridge & Stein, 2007; Stein, 2006). The weak theoretical foundation of the existing research base has resulted in a limited view of the problem and, thus, the possible solutions. The incorporation of developmental theory into the current work suggests a new view of the problem. Scholars acknowledging the limited role of theory in guiding research on youth aging out of foster care have suggested the exploration of theories of human development as possible places to begin building theory in this area (Stein, 2006). Specifically, it has been suggested that the timing of life transitions may differ for youth aging out of foster care and that life course theory may be useful in exploring this (Horrocks, 2002; Stein, 2006).

To reiterate, life course theory asserts that development can follow multiple paths and is impacted by four principals: A young person's development is influenced by 1) the time and place in history that they are born, 2) the timing or stage in their life in which significant event occur, 3) the other individual's their lives are linked with, and 4) human agency or their own will and decision making abilities (Elder, 1998). The current dissertation expanded the theory by creating a model with developmental outcomes.

The current work and its application of life course theory shows promise for the use of developmental theories to guide research on youth aging out of foster care. Further, this dissertation proposes expanding the life course model to include developmental outcomes. This allows the model to be applied not just from an abstract and theoretical perspective that explains the development, but, also provides outcome measures and a context for why development matters for practitioners and policymakers.

The idea that poor adult competency does not simply stand alone but is the result of a developmental process, suggests new avenues for policy and practice intervention. Instead of just targeting the final outcome, it may be useful to look for ways to target the process itself. To reiterate, the conceptual model used to guide the current research is visually depicted below.

Figure 5.6.
Conceptual Framework Guiding the Research



In the model depicted above the developmental trajectory and associated competencies are likely to vary for each group (aged out and did not age out) of homeless emerging adults. In addition to variations based on individual characteristics such as

human agency and the unique timing of life transitions, they are also influenced by ecological factors such as each group's unique policy environment and changes in linked lives based on child welfare intervention. The use of this framework to guide research, policy, and practice has the potential to provide a more holistic approach to child welfare intervention.

In the area of environmental factors, the current study supported the idea that growing up in the child welfare system is unique and that it influences a child's path in life and results in a lack of adult competence. Further, the environment of children in child welfare includes policies that are intended to support the transition to adulthood and to prepare children in the child welfare system for adulthood (Foster Care Independence Act, 1999; Fostering Connections to Success and Promoting Adoptions, 2008). Despite this intention, the fact that all the emerging adults in this study experienced poor outcomes (homelessness, low educational attainment, psychological distress, unemployment) indicates that policies can only be effective if they address the underlying issues, which in this case are influenced by the other factors in the model (presence of child welfare environment, historical time (which influences viability of policy solutions), timing in life, linked life, and human agency). It is not that all policies targeting emerging adults leaving foster care will not work, it is that current policies are limited by not looking at all the factors within the life course. Future policies need to address all the factors of the life course that influence development.

Although historical time was the same for all the participants in this study (i.e. same age cohort) and was not measured directly by the study it merits discussion. Later in this section possible policy solutions will be discussed. Historical time is an important factor to consider when suggesting policy intervention. The time in history that a policy is introduced impacts its political and fiscal viability. The problem of youth aging out of foster care has existed since foster care was created. In 1999 the timing presented itself to support and fund the Foster Care Independence Act. Similarly, the current political climate in Texas makes the environment responsive to new policy solutions.

On June 17th 2011, Governor Rick Perry signed Senate Bill 218 into law. This bill directed the Texas Department of Family and Protective Services to begin foster care redesign based on recommendations submitted in the Foster Care Redesign Report (Texas Department of Family and Protective Services, 2012). The recommendations and how this opportunity can be used to integrate the findings from the current study will be discussed further in policy implications.

Timing in lives is another important influence on development. The timing of when a life event happens is important and influences the developmental path the individual takes (Elder, 1998). All of the emerging adults in the current study are experiencing homelessness during the developmental period of emerging adulthood. Arnett's work (2000) described three important developmental tasks as key to this period. They include 1) accepting responsibility for one's self, 2) making independent decisions, and 3) becoming financially independent (Arnett, 2000). The findings in the current

study support the idea that growing up in the child welfare system may negatively impact the development of the first two tasks. The prevalence of the theme of learned helplessness has the potential to greatly impede the ability of youth aging out of foster care to successfully maneuver this developmental period.

Life course theory also explains the importance of linked lives. Emerging adults' development is influenced by the individuals in their life. Emerging adults aging out of foster care are influenced by both the unique lives they are linked to and by the links that are missing. Their relationships with foster parents, caseworkers, foster siblings, guardian ad litem, and judges all impact their development and the length, stability, and disruption of these relationships equally have an impact. In fact, one of the factors that participants discussed in the qualitative comments was the importance of having the opportunity to continue these relationships even after they leave placements or leave care.

Finally, the model incorporates the concept of human agency. Human agency involves the individual's choices about how they will respond to the environment and how they will use the resources available to them. Human agency is connected to competence both in the concrete and traditional way it is measured (ie outcomes, mental health, education, etc.) and in the holistic, developmental definition posited by Waters and Sroufe (1983). Waters and Sroufe (1983) describe competence as the ability to utilize resources in order to get a good developmental outcome. The ability to utilize these resources is connected to human agency. The current study considered the role of learned helplessness in the ability to exercise human agency. The findings suggest that

emerging adults aging out of foster care are at a deficit when it comes to human agency as they are more likely to report perceptions of being helpless. They attribute these perceptions and lack of self-efficacy to the child welfare system.

Future research, practice, and policy should incorporate all facets of the conceptual model. A theoretically grounded approach may better assist researchers in examining the complex factors and interactions that impact development within the child welfare system and the resulting competencies. It is likely that in order to impact emerging adult outcomes it is necessary for policies and programs to intervene earlier in development and to address more aspects of development (ie biological relationships, maintaining foster relationships, teaching youth to exercise human agency, etc.).

Implications for Child Welfare Policy and Practice

The current study's findings suggest that simply funding programs aimed at teaching youth about adult tasks (i.e., Preparation for Adulthood) or funding programs to compensate once poor outcomes are realized (i.e., housing vouchers, public assistance, etc.) is not enough. Instead, policymakers and practitioners may impact outcomes better by starting with the developmental process itself. The findings suggest that throughout the time a child is growing up in foster care they develop a sense of learned helplessness that impedes their ability to deal with the harsh realities of the adult life they are statistically likely to encounter. Although professionals in the child welfare field may be dismayed by (or even disbelieving of) the high rates of homelessness, low rates of education, elevated health and mental health problems, and impaired social supports

experienced by those aging out of foster care, these experiences of youth who age out of the foster system are a stark reality. The findings of the current study suggest that both policymakers and practitioners may better serve these youth by acknowledging and preparing them for this reality. The findings also suggest that homeless youth, who did not age out of foster care, have a developmental experience that prepares them for the realities of their adult life and gives them necessary skills to maneuver the challenges they face in adulthood, as opposed to their peers who grew up in foster care.

Given the findings of the current study, it follows that foster care policies should reflect the reality of adulthood after foster care. As opposed to being sheltered, youth should have opportunities to learn how to manage adulthood and become independent. Current Preparation for Adult Living (PAL) services provide training in interpersonal skills, job skills, housing and transportation, health, planning for the future, and money management (see Appendix E). Common course material that is covered includes basic skills such as:

- writing a check,
- filling out financial aid forms
- filling out a Texas Common Application for college
- creating a resume
- filling out a job application
- planning and preparing a nutritious meal
- reading apartment applications
- registering to vote

But, not covered in the curriculum—street survival skills. Youth are not taught how to identify and avoid predators, how to sell plasma or panhandle (common employment for homeless adults), how to fit into a street culture and build supportive and protective relationships, the benefits and risks of shelters and couch surfing (sleeping at different acquaintances homes); they do not learn how to protect themselves from being victimized by unhealthy family members, or where they can shower when they are living on the street. The reality is that a large proportion of foster children will find themselves homeless upon exiting care. The majority do not attend college; do not have stable housing; do not obtain employment that provides a living wage; do not own a car; have never managed money; and, in lieu of supportive relationships, return to the perpetrator. Youth in foster care grow up in a system that is focused on political liability. They grow up guided by charts and level systems, having every action and mood monitored and documented, surrounded by treatment professionals including foster parents, case manager, therapists, psychologists, psychiatrists, and special education departments that micro manage their lives. They must gain the approval of their foster parent, caseworker, guardian ad litem, and judge to drive a car; take a trip out of state with their foster family; visit a sibling; participate in a contact sport; obtain medical care; be near a lake, pool, or ocean; or have a sleepover at a friend's house. They do not make their own decisions. Decisions are made for them. They do not have the opportunity to critically think, to self-manage, or to learn from mistakes. They learn to be dependent on a system that disappears when they become adults.

The current study supports the idea that the developmental experience of growing up in foster care is distinctly different from other developmental paths. Policies and programs need to be designed in a manner that acknowledges this difference. In addition to providing youth training in survival skills such as those needed to remain safe on the street, these youth need to be offered opportunities to be independent and take risks. As opposed to needing more protection, they need less. Youth should be encouraged to live as independently as possible while in care so that they can learn from their mistakes while still having supports. Youth should be encouraged to work, drive, maintain their own schedule, make their own choices about friends and social situations, and begin contact with biological families.

The findings suggest that one of the key needs of youth leaving foster care is relational. Their development is shaped both by the relationships they have and the absence of relationships. Despite acknowledgements that relationships and social supports are important, current policies have continued to focus on more measurable outcomes such as housing and employment (Samuels & Pryce, 2008). Research findings support policy changes that would use biological families as a key relationship for youth aging out of foster care. The majority of youth who age out of foster care return to their biological families (Courtney & Heuring, 2005). Current policies prohibit youth who return to a perpetrator from receiving all their benefits (Foster Care Independence Act, 1999). In contrast to limiting biological family contact, it is recommended that policies acknowledge the reality of these relationships and teach youth how to safely maneuver them, where to draw boundaries, and how to avoid being victimized.

As mentioned previously the current political climate in Texas creates an environment that is open to changes in foster care policy and programs. Texas is currently undergoing a foster care redesign that is intended to incorporate the following principles (Public-Private Partnership, 2010):

- First and foremost, all children and youth are safe from abuse and neglect in their placement.
- Children and youth are placed in their home communities.
- Children and youth are appropriately served in the least restrictive environment that supports minimal moves.
- Connections to family and others important to the child are maintained.
- Children and youth are placed with their siblings.
- Services respect the child's culture.
- To be fully prepared for successful adulthood, youth are provided opportunities, experiences and activities similar to those experienced by their non-foster care peers.
 - Youth are provided opportunities to participate in decisions that impact their lives.

The failure of the current Preparation for Adult Living (PAL) curriculum to result in positive outcomes is an illustration of the problems that arise when policies are created without consulting the populations they will impact. Participatory action research is a model for how to empower emerging adults aging out of foster care and involve them in solutions that target their needs. Despite a guiding principle of the Texas redesign being the ability of youth to participate in decisions that affect them, only one foster care alumni was represented on the Public-Private partnership that comprised 26 stakeholders and made recommendations to the Commissioner at the Texas Department of Family and Protective Services about foster care redesign in Texas (Public-Private Partnership, 2010). No current foster children were included. The Public-Private Partnership was intended to represent the feedback of stakeholders who participated in other formats

(presentations, meetings, focus groups, surveys) and did include consultation with the Statewide Youth Leadership Council (Texas Department of Family and Protective Services, 2012). That consultation reinforced the importance of youth voice. The last two principals, 1) To be fully prepared for successful adulthood, youth are provided opportunities, experiences and activities similar to those experienced by their non-foster care peers and 2) Youth are provided opportunities to participate in decisions that impact their lives, were added following consultation with the youth (Texas Department of Family and Protective Services, 2011b). Despite the attempt to solicit youth feedback, the disproportionate representation of professionals in decision making capacities over the actual youth themselves is concerning. It is concerning for two reasons. First, the current study outlines the risk inherent in creating policies without the input of those they will effect. Second, one of the primary policy recommendations the participants in the current study had did not involved services. It was simply that they want to be listened to.

The qualitative interviews with the 10 emerging adults who participated as peer researchers in the current study supported the need for two primary policy changes. First, the emerging adults focused on the need to be allowed continuity in their relationships and second, they asked to be listened to and involved in the development of policies that affect them. Additionally, qualitative analysis of the 134 interviews in the current study support that youth needed the system to provide more opportunities to participate in activities similar to their peers who are not in foster care. In fact, emerging adults in the current study discussed this as a failing of the system that leads to learned helplessness.

These themes are consistent with the guidelines for redesign in Texas. Unfortunately, unless the youth voice is reflected in every aspect of program and policy decision making any changes may fail to have the desired impact on the success of emerging adults aging out of foster care.

The findings from the current study suggest the following additional policy recommendations. First and foremost youth should be involved in every aspect of the policies and programs that serve them. Youth should be involved in the design, implementation, and evaluation of PAL curriculum. Further, when at all possible those who have aged out of foster care should be employed to teach and run these programs. This is supported by previous research in other areas of practice that suggest that peer-created curriculum may be more effective than programs created by adults (Holleran, Reeves, Dustman, & Marsiglia, 2002). This type of approach may be particularly important for youth in foster care who have experienced a loss of control in so many areas of their life. Additionally, youth should be involved in every aspect of policy planning and implementation not just because it makes for more responsive policy but because the very act of involvement has the potential to counteract the learned helplessness that is a risk for youth living in the child welfare system.

Finally, in addition to making efforts to keep families together and to encourage family involvement, ongoing relationships with service providers, former foster siblings, former schools, teachers, previous caseworkers, etc. should be promoted. These relationships are critical to youth and any agency or contractor policy that limits these types of contacts should be changed. Providers should be encouraged to maintain

relationships with youth, to utilize social media (ie facebook, facetime) to connect with current and former youth they have served, and to invite youth back to homes and facilities for visits and when possible to engage them in employment. Youth need to connect with someone who understands their experience and programs need youth input to be successful.

The design and implementation of policies and programs that accurately address the needs of youth in foster care and aging out of foster care require accurate information about what those needs are. That information lies with the youth themselves. They are the experts on their own experience and should be treated as such.

Limitations and Recommendations

Limitations of the current study should be acknowledged when interpreting the findings. First, the findings can only be generalized to homeless youth in Texas, not in the general population. Federal legislation regarding services to both homeless emerging adults and emerging adults in foster care and aging out of foster care provide states with flexibility in designing programs and allocating funds. Due to the differences of policies and legislation among states, the experiences of youth in other states may differ from those in this sample. Future research should examine these research questions in other states where the policies and programs may be designed differently.

Second, a significant consideration in the design of this study was the distinction between those who aged out of foster care and those who experienced foster care but did not age out. A limitation of the study was that it did not specifically ask what if any Preparation for Adult Living services the youth received or how long they were in foster

care. Texas state child welfare policy requires that all youth in foster care older than 16 must receive Preparation for Adult Living Services. Despite this policy requirement, not all youth actually receive these services. The majority of youth do receive these services but special circumstances such as remaining in inpatient psychiatric care, being on runaway status, or a foster parent neglecting to transport a child for this training can result in some youth not meeting this requirement. There is no way to ascertain if any of the youth in this study failed to receive these services. Failing to receive these services could have an impact on competency. Further, the study did not ask how long a participant had been in foster care. Some of the youth who did not age out of foster care identified spending some time in foster care. It is possible that youth could spend a significant amount of time in foster care and be reunited with their family prior to aging out of the system. This is unlikely given federal policy that requires termination of parental rights after 12 months in care, but in possible some cases (Adoption and Safe Families Act, 1997). This means it is possible that a youth could spend enough time in foster care for it to influence their development, impact their adult competency and feelings of learned helplessness, and not have aged out. It is also possible, though unlikely, that a young adult who aged out of foster care may have entered care close to their 18th birthday. In this case, their time in foster care would be limited and the impact of the child welfare system may not be as significant a factor in their development as their experiences with their family of origin.

The current study used those who aged out of foster care to examine development because, generally, these youth spend a significant period in the child welfare system and

by law are required to receive services to prepare them for adulthood. Results of qualitative and quantitative data showed no difference in findings between the two study groups indicating that the experience of foster care resulted in similar competency outcomes and perceptions of learned helplessness for both groups. Future research should explore differences in competency outcomes and learned helplessness based on both length of time in care and also controlling for specific services received.

Third, previous research suggests that homeless youth have similar family background and experience when compared to youth in the child welfare system. These similarities were the basis for using homeless emerging adults as a comparison group for those who have aged out of foster care. In order to assure that this was appropriate for the current sample both groups were compared demographically, as well as on experience of abuse, and found to be similar. The current study is limited in definition of abuse and simply asked participants if they had experienced abuse. The study did not ask about experiences of neglect, refusal to accept parental responsibility, family disruption, or experiences of family substance abuse. The narrow conception of abuse in this study could cause some similarities and differences between the two groups to be overlooked. However, using the general population of homeless emerging adults as a comparison group for youth who age out of foster care appears promising. Future studies should further explore similarities and differences between the two groups.

Additionally, as with all self-report data, there is a risk of social desirability bias. The benefit of using self-report data in the current study was that it enabled a youth perspective on the transition to adulthood, as well as suggestions for policy changes to

which youth would be receptive. Despite this, it is possible that participating youth may have filtered their responses through unknown criteria.

Finally, the current study attempted to provide a youth perspective. Other perspectives are not included that may aid in understanding the complex experience of aging out of foster care. Future research would benefit from exploring other perspectives on the transition to adulthood such as case managers, youth advocates, foster parents and others involved with foster care youth. Additional views may add depth to our understanding of the unique experience of transitioning into adulthood from foster care.

Conclusion

This study was a unique opportunity to compare youth who age out of foster care with a similar group who have not received the same services. Previous research documented that, as a general population, homeless emerging adults experience family environments similar to youth who are removed from their families and placed in the child welfare system (Busen & Engebretson, 2008; Brooks R. Keeshin & Campbell, 2011; Shelton, Taylor, Bonner, & van den Bree, 2009). The differences between youth who are homeless and aged out of foster care and other homeless youth who have not aged out of foster care are: 1) they experienced the child welfare system, and 2) they have received enhanced programs and policies to assist them in adulthood. This dissertation sought to provide insight into reason(s) for homeless youth who age out of foster care continue to perform as poorly as their peers despite receiving additional services. The findings suggest a need for programs and policies that examine the youth experience in the context of developmental theory. The current study supports the idea that

development within the child welfare system is unique and that the system promotes learned helplessness which impedes emerging adults' ability to cope with the challenging adult environment they enter upon leaving the foster care system.

The current study supports a move toward policies and programs that encourage youth independence, critical thinking, risk taking, and self-reliance while still in foster care. It also calls on child welfare practitioners and policy makers to be realistic about the environments that youth are exiting into and to prepare them for the real world they enter, not the environment we hope they will enter. The illusion that youth are exiting to college, stable housing, and stable employment serves only to ease the discomfort of practitioners and policy makers; it does not help the youth who end up managing homelessness, unemployment, and poverty. Until we change the reality for youth aging out of foster care, we need to better prepare them for the difficulties they will face as emerging adults.

Appendix A: Scripts for Recruiting Subjects

SCRIPT for recruiting interview subjects:

“One of your peers is working for an organization that is conducting a research study, and he/she would like to ask you some questions about some of your experiences and ideas. Specifically, he/she would like to talk with you about your experiences before and after leaving home, about foster care experiences, and issues around mental health. The researchers would like to understand how you deal with stressful experiences and opinions you have about your experiences with homelessness and foster care. They would also like to find out what you think would help young people who have been through hard times. Would you be willing to let one of your peers, who will be conducting the interviews, tell you more about the study? They will give you a \$10 gift card if you agree to do the interview. What do you think?”

If the individual young person is willing to speak with one of the peer interviewers, they will meet in a private office space at the project site. Each prospective interview subject will be provided with a consent form that includes an explanation of the project and is enclosed (see INTERVIEW SUBJECT CONSENT FORM).

At the conclusion of their individual interview, each subject will be offered an opportunity to also participate in a focus group at a later date to delve into issues discussed during the interview in more detail with a group. Interview subjects will be asked if they are interested in participating in a focus group, via the script below.

SCRIPT for recruiting interview subjects for participation in focus groups:

“Thank you for participating in this interview. Now I would like to offer you an opportunity to participate in a focus group here at (agency name) on (date). The focus group will be like a meeting with five to ten other young adults receiving services here at this agency to talk about the issues brought up in this interview in more detail. You will not be paid for participating in a focus group, but there will be free food and drinks available for group participants. Are you interested and available for participating in a focus group? What do you think?”

If there are not approximately eight interview subjects interested and available for participation in a focus group at each project site, case managers may attempt to recruit other young adults to participate. In that case, peer interviewers and case managers will ask potential focus group participants for their age directly, to ensure that they are

between the ages of 18 and 24. Potential focus group participants will be asked if they are interested in participating in a focus group, via the script detailed below.

SCRIPT for recruiting new young adults for participation in focus groups:

“One of your peers is working for an organization that is conducting a research study, and he/she is looking for young adults willing to participate in a focus group to share their experiences and ideas. Specifically, he/she would like to talk with a group of young adults about their experiences before and after leaving home, about foster care experiences, and issues around mental health. The researchers would like to understand how young people deal with stressful experiences and opinions you have about your experiences with homelessness and foster care. They would also like to find out what you think would help young people who have been through hard times. Would you be willing to let one of your peers, who will be helping to facilitate the focus groups, tell you more about the study? They will not be able to pay you for participating, but they will have free food and drinks. What do you think?”

Appendix B: Interview Questions

INTERVIEWER NAME:
NUMBER:

INTERVIEW

1.) How old are you? 18 19 20 21 22 23
 24

2.) Are you: Female Male

3.) How would you describe yourself?

White, non-Hispanic

Native American

Hispanic or Latino

Asian or Pacific Islander

Black or African American

Other

For this study, we are defining homelessness as not having a regular place to live. Examples of being homeless include: living on the street, in cars or abandoned buildings, or under bridges; not knowing where you're going to stay from one day to the next; couch surfing/spending nights in different people's houses; staying at a shelter or transitional living program; and other similar conditions.

4.) Have you ever been homeless? No Yes

5.) Have you ever been homeless and on your own (i.e. without a parent or legal guardian)?

No Yes*

**If "yes," please complete questions 5A-5F, below.*

5A: Are you still homeless? No Yes

If "no," what ended your homelessness? How did you find a place to live?

5B: How long were you/have you been homeless?

5C: How did you become homeless?

5D: Where do/did you most often sleep?

5E: Did you feel more safe or less safe after leaving home?

More safe Less safe Not sure

Please tell me why.

5F: Being homeless, what do/did you think people think/thought of you?

6.) Have you ever been a victim of emotional, physical, or sexual abuse by a family member? (I am not asking for you to tell me about any abuse you have experienced if you are not comfortable talking about it; I am just asking for you to tell me ‘yes’ or ‘no.’ You may skip this question if you want to.)

No Yes Skip this question

7.) Have you ever been in foster care? No Yes*

**If “yes,” please complete questions 7A and 7B, below.*

7A: How many placements (i.e. places to stay) did you have while in foster care?

7B: For this study, we are defining ‘aging out’ of foster care as remaining in the care of Child Protective Services (i.e. foster care, group homes, or residential treatment) until you reach the age at which you are too old for care. Youth generally ‘age out’ of foster

___ Transitional living program – *Insert name of TLP in each respective city*

___ Shelter – *Insert name of shelter/s in each respective city*

___ The street, abandoned cars or buildings, bridges, etc.

___ Other: _____

9.) How long have you been living here (in days, weeks, or months)?

10.) Did anyone (such as a relative, friend, or caseworker) help you find the housing or shelter that you have now? ___ No ___ Yes ___ Not applicable/No housing or shelter right now

If “yes,” who helped you and how did they help you?

11.) How long do you think you will keep living here?

___ Less than one month ___ 1-3 months ___ 3-6 months ___ 6-12 months

___ One year or longer ___ Not sure

12.) What is the hardest thing you’ve experienced about finding a stable place to live?

13.) Do you ever worry about becoming homeless?

___ No ___ Yes ___ Not sure ___ Currently homeless/Not applicable

If “yes,” what makes you worry about becoming homeless?

What would help you worry less about becoming homeless?

14.) What is your current status in school?

Not attending/dropped out

Attending high school or working on GED

Completed high school or GED

Enrolled in vocational or technical training program

Completed vocational or technical training program

Enrolled in college or higher

Completed college or higher

15.) Do you have a job? No Yes*

**If "yes," please complete questions 15A-15F:*

15A: What is your job?

15B: How many hours do you usually work each week?

15C: How long have you held this job?

15D: What is the hardest part of the job?

15E: How long do you think you will keep working this same job?

Less than one month 1-3 months 3-6 months 6-12
months

One year or longer Not sure

15F: Does the job pay enough to cover your expenses/make ends meet?

No Yes Not sure

16.) Is there anything going on in your life right now that makes it hard to focus on work and school?

No Yes

If "yes," please tell me what is going on that makes it hard.

17.) Do you receive any of the following forms of public assistance?

Supplemental Security Income (SSI)

(Those below are available to foster youth only)

Welfare/TANF

Transitional Living Allowance

Women, Infants, and Children (WIC)

Aftercare room and board assistance

Food stamps/Lonestar card/SNAP

Educational Training Voucher

Unemployment Insurance (UI)

Tuition and fee waiver exemptions

18.) Do you have health insurance coverage?

No – uninsured

Yes – Medicaid

Yes – Coverage through an employer

Yes, Other coverage: _____

Not sure

19.) Do you know how to find out if you are eligible for government benefits like Medicaid?

No Yes

20.) Do you have a bank account (such as a checking account or savings account) right now?

No Yes Not sure

21.) What is good or positive in your life right now?

22.) Are there any caring adults in your life? No Yes Not sure

If so, who are they, and how do they help you achieve your goals?

23.) Does anyone rely on you for support (such as a friend, child, family member, etc.)?

No Yes Not sure

If so, who relies on you and what do they rely on you for?

24.) Please indicate the degree to which you agree/disagree with the following statements:

| | Strongly Agree | Agree | Agree Somewhat | Disagree Somewhat | Disagree | Strongly Disagree |
|--|-----------------------|--------------|-----------------------|--------------------------|-----------------|--------------------------|
|--|-----------------------|--------------|-----------------------|--------------------------|-----------------|--------------------------|

| | | | | | | |
|---|---|---|---|---|---|---|
| I feel disconnected from the world around me. | 1 | 2 | 3 | 4 | 5 | 6 |
| Even around people I know, I don't feel that I really belong. | 1 | 2 | 3 | 4 | 5 | 6 |
| I feel so distant from people. | 1 | 2 | 3 | 4 | 5 | 6 |
| I have no sense of togetherness with my peers. | 1 | 2 | 3 | 4 | 5 | 6 |
| I don't feel related to anyone. | 1 | 2 | 3 | 4 | 5 | 6 |
| I catch myself losing all sense of connectedness to society. | 1 | 2 | 3 | 4 | 5 | 6 |
| Even among my friends, there is no sense of brotherhood/sisterhood. | 1 | 2 | 3 | 4 | 5 | 6 |
| I don't feel I participate with anyone or any group. | 1 | 2 | 3 | 4 | 5 | 6 |
| I feel more comfortable when someone is constantly watching me. | 1 | 2 | 3 | 4 | 5 | 6 |
| I'm more at ease doing things together with other people. | 1 | 2 | 3 | 4 | 5 | 6 |

| | | | | | | |
|--|---|---|---|---|---|---|
| Working side by side with others is more comfortable than working alone. | 1 | 2 | 3 | 4 | 5 | 6 |
| My life is incomplete without a buddy beside me. | 1 | 2 | 3 | 4 | 5 | 6 |
| It's hard for me to use my skills and talents without someone beside me. | 1 | 2 | 3 | 4 | 5 | 6 |
| I stick to my friends like glue. | 1 | 2 | 3 | 4 | 5 | 6 |
| I wish to find someone who can be with me all the time. | 1 | 2 | 3 | 4 | 5 | 6 |

25.) Are there any relationships in your life that are frustrating right now?

No Yes Not sure

If “yes,” please describe those relationships and what is challenging about them.

26.) On a scale of 1-10, with 1 being “not challenging at all” and 10 being “extremely challenging,” please rate how challenging the following issues are for you right now:

**Not challenging <-----> Extremely
challenging**

| | | | | | | | | | | |
|--------------------------------------|---|---|---|---|---|---|---|---|---|----|
| Anxiety/nervousness | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Controlling your anger | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Depression | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Difficulty sleeping | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Disturbing thoughts | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Drug and alcohol use | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Finding housing and food | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Legal issues/Trouble with the police | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Loneliness | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Past abuse/victimization | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Physical health | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Relationship conflicts | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| School issues | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Work issues | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Other: _____ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

27.) What makes these issues challenging for you?

28.) Please rate how often you use each of the following ways to deal with problems:

| | Never | Rarely | Sometimes | Often | Almost Always |
|---|--------------|---------------|------------------|--------------|----------------------|
| Concentrate on what to do and how to solve the problem | 1 | 2 | 3 | 4 | 5 |
| Think about what happened and try to sort it out in my head | 1 | 2 | 3 | 4 | 5 |
| Try not to think about it | 1 | 2 | 3 | 4 | 5 |
| Go to sleep | 1 | 2 | 3 | 4 | 5 |
| Go to someone I trust for support | 1 | 2 | 3 | 4 | 5 |
| Go off by myself to think | 1 | 2 | 3 | 4 | 5 |
| Try to learn from the bad experience | 1 | 2 | 3 | 4 | 5 |
| Use my anger to get me through it | 1 | 2 | 3 | 4 | 5 |
| Use drugs or alcohol | 1 | 2 | 3 | 4 | 5 |
| Do a hobby (e.g. read, draw) | 1 | 2 | 3 | 4 | 5 |
| Try to value myself and not think so much about other people's opinions | 1 | 2 | 3 | 4 | 5 |
| Realize that I am strong and can deal with whatever is bothering me | 1 | 2 | 3 | 4 | 5 |
| Think about how things will get better in the future | 1 | 2 | 3 | 4 | 5 |
| Use my spiritual beliefs/beliefs in a higher power | 1 | 2 | 3 | 4 | 5 |

29.) Are you nervous about being on your own? No Yes Not sure

Why or why not?

30.) Do you consider yourself to be an adult? No Yes Not sure

Why or why not?

31.) What makes someone an adult?

32.) The following questions ask about how you have been feeling during the **past 30 days**. For each question, please circle the number that best describes how often you had this feeling.

| During the past 30 days, about how often did you feel... | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|------------------------|-------------------------|-------------------------|-----------------------------|-------------------------|
| 32A: ...nervous? | 1 | 2 | 3 | 4 | 5 |
| 32B: ...hopeless? | 1 | 2 | 3 | 4 | 5 |
| 32C: ...restless or fidgety? | 1 | 2 | 3 | 4 | 5 |
| 32D: ...so depressed that nothing could cheer you up? | 1 | 2 | 3 | 4 | 5 |
| 32E: ...that everything was an effort? | 1 | 2 | 3 | 4 | 5 |
| 32F: ...worthless? | 1 | 2 | 3 | 4 | 5 |

33.) The last question asked about feelings that might have occurred during the past 30 days. Taking them altogether, did these feelings occur More often in the past 30 days than is usual for you, about the same as usual, or less often than usual? (If you never have any of these feelings, circle response option “4.”)



34.) The next few questions are about how these feelings (in question # 32) may have affected you in the past 30 days. You need not answer these questions if you answered “None of the time” to **all** six of the questions about your feelings.

34A: During the past 30 days, how many days out of 30 were you totally unable to work or carry out your normal activities because of these feelings? _____ (**Number of days**)

34B: **Not counting the days you reported in response to 34A**, how many days in the past 30 were you able to do only half or less of what you would normally have been able to do, because of these feelings? _____ (**Number of days**)

34C: During the past 30 days, how many times did you see a doctor or other health professional about these feelings? _____ (**Number of times**)

34D: During the past 30 days, how often have physical health problems been the main cause of these feelings?

____ All of the time ____ Most of the time ____ Some of the time
____ A little of the time ____ None of the time

35.) What does mental health mean to you?

36.) Do you consider yourself to be mentally healthy (or as our youth advisors put it, “straight in the head”) by your own definition?

____ No ____ Yes ____ Not sure

Why or why not?

37.) Do you know anyone that you think has really good mental health?

No Yes Not sure

If "yes," who is the person and what is it about them that makes you think their mental health is really good?

38.) This next question is about whether you have ever been diagnosed with a mental health condition. We are not asking you to tell us what condition/s you have (if any), if you are not comfortable with that. The purpose of this question is to find out how you feel about your diagnosis, if you have one, and whether you have ever been able to give input into your treatment plan. Your answers will help us figure out how psychologists and psychiatrists can better serve young adults.

Have you ever been diagnosed with a mental health condition?

No Yes* Not sure

**If "yes," please complete questions 38A-38E:*

38A: Do you agree with the diagnosis? No Yes Not sure

38B: Were you able to give your input about treatment (such as medication, therapy, etc.)?

No Yes Not sure

38C: Are you comfortable with it (the diagnosis) being known?

No Yes Not sure

38D: Do you ever worry about what people will think about you if they find out you have been diagnosed with this condition?

No Yes Not sure

38E: Have you ever been treated differently by someone else because of your diagnosis?

No Yes Not sure

39.) This next question asks whether you take any prescription medications to help you with a mental health condition. Like the last question, we do not need to know specific, personal information (such as what prescription/s you take, if any) for this question either. We are trying to find out whether youth who have been prescribed medication understand why they were prescribed it, know how and when to take it, etc. Your answers to this question will help us figure out whether psychiatrists and other doctors are doing a good job of serving young people.

Do you take any prescription medications to help you with a mental health condition?

No Yes* Not sure

**If "yes," please complete questions 39A-39G, below.*

39A: Do you know why you were prescribed the medication/s?

No Yes Not sure

39B: Do you know what your dosage is? No Yes Not sure

39C: Are you responsible for taking your own medication/s (or does someone else administer it/them for you)?

No; not responsible for taking medication/s; someone else administers it/them

Yes; responsible for taking medication/s; no one else administers it/them

Not sure

39D: How would your life be different if you were not taking this medication?

39E: Have you ever had trouble getting any medications when you needed them?

No Yes Not sure

39F: Have you ever decided not to take a medication that was prescribed to you?

No Yes Not sure

If “yes,” what led you to make that decision?

39G: Are there any other problems or issues related to a medication you have been prescribed that you would like to tell us about?

40.) Have you ever received mental health services? No Yes* Not sure

**If “yes,” please complete questions 40A-40C:*

40A: What kind of mental health services have you received?

40B: Were those services helpful? No Yes Not sure

40C: Why or why not?

41.) There are various words to describe people whose job it is to help others with their problems, including counselor, therapist, psychologist, pastor, etc. For the sake of this study, we will call them all mental health professionals.

Do you ever talk with a mental health professional? No Yes* Not sure

**If “yes,” please complete questions 41A-41E:*

41A: What kind of mental health professional do you talk with?

Counselor Therapist Psychologist Psychiatrist

Pastor

Social Worker Other: _____

41B: Did anyone (like a friend, family member or caseworker) help you access the mental health professional?

No Yes Not sure

If “yes,” who helped you and how did they help you?

41C: Do you ever miss appointments to visit with a mental health professional?

No Yes* Not sure Not applicable/Never had an appointment

If “yes,” why? What gets in the way?

41D: What is the longest amount of time for which you have ever seen the same mental health professional (for example 1 visit, 4 visits, 2 years, etc.)?

41E: Why did that relationship end?

42.) Have you ever started to seek out the help of a mental health professional but then changed your mind at the last minute (i.e. cancelled an appointment, walked out, dropped out before completing your treatment plan, etc.)?

No Yes Not sure

If “yes,” please explain what happened.

43.) Have you ever wanted to see a mental health professional but not been able to?

No Yes Not sure

If “yes,” please tell me about that experience.

44.) Have you ever had to be on a waiting list to get any services? No Yes

If “yes,” please tell me about that experience.

45.) Do you think you have any mental health needs or concerns that are not being met right now? If so, what are they?

46.) Would you be interested in talking with a peer counselor – someone close to your age who has been through similar things you’ve been through – if one was available?

No Yes Not sure

47.) What do you most need to stay mentally healthy?

48.) What kinds of things could you change about yourself to help you succeed?

49.) Pretend that it is your job to support the “mental health” – whatever that means to you – of a young person, who has been through hard times in his or her life. What would you do, say, offer, or suggest?

Appendix C: Focus Group Questions

Focus Group Interviewing Questions

1. What do you need to stay mentally healthy (or 'straight in the head')?

Prompts:

--Give me an example of something that would help you stay mentally healthy.

--Describe a time you felt mentally healthy. What was it like? What helped you feel mentally healthy at that time?

--Think about a time when you may not have felt mentally healthy. Is there anything that would have helped?

2. Pretend that it is your job to support the "mental health" --whatever that means to you-- of a young person who has been through hard times in his or her life. What would you do, say, offer, or suggest?

Prompts:

--What do you think people with this job could do to support a young person?

--What would you need to do or say to get the young person to listen to your advice?

-- Describe what it would look like if someone was doing a good job supporting the mental health of a young person.

3. Describe a time in the past year that you received services that were helpful to you.

Prompts:

-- What were the services or the help you received?

--Why was it helpful?

--What about those services made them more helpful than others you have received?

--How did receiving those services make you feel?

--What was different about that help compared to other types of help you have received?

4. Tell me about what you need that you are not able to get.

Prompts:

--Tell me about any specific services that would help you that you can't get.

--Why aren't you able to get that help? (For example, maybe it is too expensive or too far away, or maybe there are rules that make it hard for you to get it.)

--How does it feel to not be able to get those services?

--How would your life look (i.e. be different) if you could get those services?

5. Imagine you are in charge. If you could change one rule to help foster youth or homeless youth, what would it be?

--Tell me more about that.

--Why did you pick this rule?

--How would changing this rule affect your life?

--What would you say to try to convince people in charge to change this rule?

Appendix D: Peer Researchers Interview Questions

Peer Researchers

Qualitative Interview Questions

1. Tell me about participating on this project.
2. Describe what it was like being a peer researcher.
3. Have you ever participated in research before? If yes..What was that experience like?
4. Do you feel researchers, staff, the people that make the laws, and other adults understand you? Tell me more about that.
5. How do you think this research project was different because peers were asking the questions?
6. Do you believe that participating in this research project changed anything about you? Tell me more about that.
7. What does “youth voice” mean to you? How can adults support “youth voice”?
8. How can adults learn from you?
9. What makes you feel listened to?
10. Describe a youth initiated project at this agency.
11. Describe projects, rules, activities at the agency that youth get to make the decisions about.
12. Describe a time when you felt like you were able to share decisions with the adults.
13. Do you feel that adults respect you? Why, Why not?
14. Describe how participating in this study changed your relationship with peers? Did they view you differently? Do you feel your peers respected you?
15. Describe a situation in which you feel like adult “really” listened to you.
16. Describe a time when you felt like adults did not listen or respect your decisions.

17. Do you think about problems differently now that you have participated in this project?
How so? Tell me more.
18. What was the best thing about participating in this project?
19. What was the worst thing about participating in this project?
20. What is the most important thing you learned by being part of this project?
21. What do you believe adults, staff, and those in charge should learn from this project?

Appendix E. Detailed Analysis of The Foster Care Independence Act (FCIA)

Policy Guidelines

The FCIA doubled federal funding for independent living programs. It increased federal funds from \$70 million dollars each year to \$140 million (Foster Care Independence Act Pub L. No. 106-169, 1999). The law also eliminated the minimum age (previously 16) that children are eligible for independent living preparation services. In addition, the FCIA provided states flexibility in designing their independent living programs (see figure 1). The law allows states to use up to 30% of their funds on room and board expenses for former foster care youth between the ages of 18-21. The FCIA also allows states the option to expand Medicaid to former foster youth between the ages of 18-21. In 2002 the FCIA was amended to create the Educational and Training Voucher Program which provided \$60 million dollars in federal funding for postsecondary education and training vouchers. The amendment allows up to \$5,000 annually per youth.

The law also requires the Administration for Children and Families (ACF) to develop a data collection system to collect information on the type of independent living services the states provide and the outcomes for youth aging out of the system (United States Department of Health and Human Services, 2008). In addition, the FCIA also requires ACF to penalize states who do not comply with fines between 1 to 5 percent of their annual funds (United States Department of Health and Human Services, 2008).

Despite the intentions of the law ACF is still continuing to create the National Youth in Transition Database to collect this data and no substantive data collection has occurred.

Requirements of the States

In order to be eligible for federal funding states must coordinate their Chafee Foster Care Independence Programs with other states and federal youth programs. In addition, the law mandates that states coordinate with and offer services to Indian tribes. The FCIA also requires that states develop and submit multiyear plans and annual reports to the Administration for Children and Families and have their programs certified.

FCIA Requires States to:

- Use Title IV-E funds to train providers in independent living issues.
- Develop outcome measures to assess state performance in the areas of education, employment, avoiding dependence of public assistance, homelessness, non marital birth, and incarceration.
- Use some funding to help youth who have aged out of foster care but are not yet 21.

FCIA Allows States to:

- Use up to 30% of allotted funds for transitional housing for youth 18-21 years old who have aged out of foster care.
- Increase the maximum allowable assets a youth can accrue from 1,000 to 10,000 while still qualifying for federal foster care payments.
- Expand Medicaid coverage to youth 18-21 years of age who were in care on their 18th birthday.

Key purposes of the legislation

The FCIA created the John H. Chafee Foster Care Independence Program (CFIP). The law specifies that the CFIP should serve five key purposes. These purposes are:

1. Support youth likely to remain in foster care until age 18
 - By providing daily living skills training, budgeting, assistance obtaining high school diploma, vocational training.
 - By helping children receive the education, training and services need to become employed.
 - By preparing youth for and enter postsecondary training and educational institutions.
2. Support youth transitioning out of foster care
 - By providing the emotional and personal support needed to transition through relationships with committed adults and mentoring.
3. Support youth formerly in foster care
 - By providing services to young adults 18-21 years of age to support their transition to independence. Possible services include: financial, housing, counseling, employment, education, etc.

Funding

The Chafee Foster Care Independence Program (CFCIP) is funded under Title IV-E of the Social Security Act (United States Government Accountability Office, 2004). Title IV-E provides funds to the states to develop and maintain foster care programs, independent living programs, and adoption subsidies for special needs adoptions. The Foster Care Independence Act of 1999 (FCIA) doubled the amount of funding for

independent living programs from \$70 million dollars to \$140 million dollars (United States Government Accountability Office, 2004). Despite the overall federal funding doubling the specific allocation to each state varies. The FCIA significantly altered the funding structure for independent living services. Prior to the FCIA funds were allocated to the states as an entitlement based on the number of children in the state receiving federal foster care payments in 1984 (United States Government Accountability Office, 2004). The FCIA altered the funding structure to allocate funds to the states based on their proportion of the national population of children in foster care regardless of whether they are receiving state or federal foster care payments (United States Government Accountability Office, 2004). The FCIA also contains a provision to ensure that the states receive the same funding as in 1998 or \$500,000 whichever is greater to insure that no state would receive a decrease in funding (United States Government Accountability Office, 2004). Prior to the FCIA the federal funding structure resulted in a range of payments to the states from \$13,000 (Alaska) to \$12 million (California) (United States Government Accountability Office, 2004). Most states received an increase in funding under FCIA and no state received a decrease in funding. In addition, in contrast to funding before FCIA which determined funding based on 1984 foster care payments, the FCIA recalculates funding each year to reflect changes in the foster care population (United States Government Accountability Office, 2004).

Current Effectiveness

Effectiveness can be evaluated in two ways. First the question of whether independent living programs in general are effective and second whether the FCIA is

effective. Due to the federal inability to establish a standardized way to track youth who age out of foster care as mandated by the FCIA it is difficult to access the actual outcomes of the FCIA. In addition, because states have flexibility in how they design their independent living programs there is great variability in the types, intensity, and duration of services to youth (see Figure 1.2). Despite these limitations in evaluating the effectiveness of the program, research has been done on state and regional levels with varying results.

A national survey of state independent living coordinators conducted between 2003 and 2004 provides evidence that the FCIA has changed service delivery (Torrice, n.d.). Not only are states providing services to begin preparing adolescents for adulthood while they are still in foster care, but also the majority of states are providing some services to young adults past age 18 although some report doing so only in cases of special needs (Torrice, n.d.). These programs provide services such as how to find employment, money management, how to locate and apply for housing, parenting skills, planning for education, counseling, case management and other life skills. Five of the states contacted reported that they allow former foster care youth to receive services up to age 23 with most defining services as the provision of educational and training vouchers (Torrice, n.d.).

Although most youth participate in some type of preparation for adult living program, most report that they are not prepared to make the transition to adulthood (Reilly, 2003). One study found that a third had nowhere to live when they left care and half had less than \$250.00 when they left care (Reilly, 2003). Further, more than half of

the young adults reported they were not satisfied with the services they received and did not feel prepared to live independently (Reilly, 2003). An evaluation of the independent living program in Florida found that the program was successful at improving some outcomes for youth aging out of foster care but was ineffective at impacting others (Georgiades, 2005). Results showed that Florida's program was associated with improved educational, income, housing, parenting-prevention, and crime prevention outcomes (Georgiades, 2005). Participation in the program was not associated with improvements in money management, job seeking or maintenance skills, or interpersonal skills (Georgiades, 2005). Youth who have received more training have reported a greater satisfaction with their preparation services, foster care in general, and their current living situations (Reilly, 2003). Further, youth who received more services (ex. PAL, education vouchers, housing assistance, etc.) were less likely to be involved in the criminal justice system.

One of the requirements of the FCIA was the creation of the National Youth in Transition Database (NYTD) to collect data to evaluate outcomes for youth aging out of foster care. In addition, the law requires that states develop and submit multiyear plans and annual reports to the Administration for Children and Families. Despite this requirement the survey of Independent Living Coordinators found that only 26 states collect data on youth aging out of foster care, 12 states reported no data collection efforts, and 12 states reported they are developing systems to collect data (Torrice, n.d.). In addition, the states all had different definitions of data collection and different methods (Torrice, n.d.).

Appendix E: Detailed Analysis of The McKinney-Vento Homeless Assistance Act

The Education for Homeless Children and Youth program was established under Title VII, Part B, of the Act. This program was established to protect the rights of equal access to public education for homeless youth. It establishes grants to aid in enrolling, encouraging attendance, and optimizing school success for homeless youth. Activities that may be funded under the grant include tutoring, service referrals, and health services. The No Child Left Behind Act of 2001 (P.L. 107-110) modified this program so that any state that receives funds under the McKinney-Vento Act may not segregate homeless students from the rest of the student body. Five counties (in California and Arizona) that had segregated campuses when the legislation was enacted were exempted from this requirement as long as the school provided comparable services and homeless youth were not required to attend them.

The Temporary Emergency Food Assistance Act of 1983 (P.L. 98-8) first established the Emergency Food and Shelter Program which was later authorized under the McKinney-Vento Homeless Assistance Act. The program is managed by the Department of Homeland Security. The funds provided by this program can be used for food banks, shelters, sites that provide meals, and emergency repairs for sites that provide food and shelter. Funds can also be used for limited rent, mortgage, and utility assistance to prevent homelessness.

The Health Care for Homeless Program funds health centers to fund health services for the homeless. The program also provides grants for outreach programs and

primary care for children who are homeless or at risk of homelessness. The grant requires that clinics that receive funding also provide substance abuse treatment.

The Projects for Assistance in Transitions from Homelessness or PATH funds outreach, mental health, substance abuse, and case management for state and local agencies that target individuals with serious mental health diagnoses who are homeless or at risk of homelessness. Each state is granted a minimum of \$300,000 for these services the state is required to make a one dollar match for every three dollars of federal funds. The program allows for up to 20% of the federal funds to be used to subsidize housing. This program is administered by the Substance Abuse and Mental Health Service Administration.

The McKinney-Vento Act also contains the Consolidated Runaway and Homeless Youth Program which was initially established under the Juvenile Justice and Delinquency Prevention Act (JJDP, P.L. 93-415). The program is administered by the Administration for Children and Families, Family and Youth Services Bureau. The program funds runaway and homeless youth centers and shelters. Ten percent of the funding also supports the National Runaway Switchboard (a toll free youth crisis hotline), training activities, and prevention outreach.

The Basic Center Program was established to support community based programs that support runaway and homeless youth and their families. The goals of this program are to strengthen families, support reunification, and provide family counseling for problems that lead to youth runaway and homelessness. Grants are made to local level public and private nonprofit organizations to operate runaway and homeless youth

centers. Grants are specifically targeted at agencies not affiliated with law enforcement, child welfare, or mental health systems.

The Transitional Living Program targets older homeless youth (15-21 years old) and includes services to those who are parents or are pregnant. This program is intended to provide extended support in the transition to adulthood. Transitional living program services cannot be longer than 18 months in duration for youth 18 and older. Youth who enter the program under age 18 may have an additional six months of services or participate until they turn 18. The program funds group homes, supervised apartments, counseling, life skills training, job skills, educational support, and mental and physical health care.

The Street Outreach Program was established by the Violence Against Women Act of the Violent Crime Control and Law Enforcement Act of 1994 (P.L. 103-332). This program gives grants to nonprofit groups for street-based outreach and education for street youth who have experienced or are at risk of sexual abuse. Programs who receive funds are required to have access to emergency housing for youth who want to leave the street.

The Homeless Assistance Grants fund the Department of Housing and Urban Development's services for the homeless. This includes the Emergency Shelter Grants Program, Supportive Housing Program, Shelter Plus Care Program, and Section 8 Moderate Rehabilitation Assistance for Single-Room Occupancy Dwellings. It is required that at least 30% of the funding be used for permanent housing.

The Supportive Housing Program was created by the McKinney-Vento Act to fund transitional housing, permanent housing for individuals who are disabled, and single room housing. Permanent housing that is funded has to provide services such as case management, child care, job assistance, and food assistance.

The Shelter Plus Care program provides rent subsidies for disabled homeless adults. Participants are required to pay 30% of their income toward rent with the program providing the additional funds. Local communities are required to provide a dollar for dollar match to receive funding. At least 50% of the funds must be given to homeless individuals who are seriously mentally ill or have a chronic substance abuse problem. The Section 8 Moderate Rehabilitation Assistance for Single-Room Occupancy Dwellings program provides funds for rent at dormitory type buildings where individuals can rent a single room.

The Emergency Shelter Grants Program established by the McKinney-Vento Homeless Assistance Act funds building renovation and conversion for the creation of emergency shelters. The program also allows the use of funds for employment services, health services, substance abuse treatment, and educational services. Additionally, funds may be used for operational costs of emergency shelters (utilities, furnishings, etc). The program also contains a prevention component and provides funds for families who are at risk of eviction or loss of utility services if: (1) the inability to make such payments is due to a sudden reduction in income, (2) there is a reasonable prospect that the family will be able to resume payments within a reasonable period of time, and (3) the assistance will

not supplant funding for pre-existing homelessness prevention activities from other sources.

Appendix F. Description of the Texas Preparation for Adult Living Program

Mission

The Preparation for Adult Living (PAL) program was implemented in 1986 to ensure that older youth in substitute care are prepared for their inevitable departure from the Texas Department of Family and Protective Services' care and support. At any given time, there are about 3,500 youth 16 years of age and older in substitute care. PAL program staff strive to provide each of these youth with skills and resources they will need to be healthy, productive adults.

Preparing youth for adulthood is much more than teaching them how to balance a checkbook and sign a lease. PAL services include involvement in programs aimed at improving youths' self-esteem and improving their ability to make responsible decisions. PAL helps youth face the challenges of adulthood and independence.

Target Population

PAL policy requires that youth 16 and older who are in substitute care receive services to prepare them for adult living. With funding availability, regions may serve any youth 14 or older on whom Child Protective Services has an open case.

There is no typical case for which PAL services are provided. Length of time in care ranges from one month to almost 14 years, with two to three years being the average. Many of the youth have endured emotional and psychological trauma, and most have few options for living arrangements once they are discharged from care. PAL, in collaboration with public and private organizations, assists youth in identifying and developing support systems and housing for when they leave care. PAL gives these youths skills and training, but most of all, PAL helps them realize that there are options.

Services

Independent Living Skills Assessment

PAL policy requires that staff or contractors conduct an initial assessment of each PAL participant's general readiness to live independently around the youth's 16th birthday. The results are used to develop specific plans and training to prepare each youth for adult living. A post-assessment is conducted between the youths 17th birthday and two months after discharge from substitute care. Beginning in September 2002, Texas is using the Ansell-Casey Life Skills Assessment.

Independent Living Skills Training

A foundation of the PAL program is the provision of training to assist youth in

developing skills necessary to function as an adult. Some regions have staff who provide this training but most contract with individuals and private organizations to provide the training. In all cases, training must cover the following areas:

- Personal and Interpersonal Skills
- Job Skills
- Housing and Transportation
- Health
- Planning for the Future
- Money Management

Support Services

Support services are optional services provided based on need and availability of funding. Listed are examples of some support services provided as funding allows:

- Vocational Assessment and/or Training
- GED Classes
- Preparation for College Entrance Exams
- Driver Education
- High School Graduation Expenses (if not available from another source)
- Counseling
- Volunteer Mentoring to Provide Guidance and Support

Benefits/Financial Assistance

(Certain guidelines must be met to receive benefits)

- Youths who fully participate in the PAL program are eligible to receive a transitional living allowance once they leave care. The allowance may not exceed \$1,000, and it may be distributed in increments not to exceed \$500 per month.
- Young adults who are between 18 and 21 years old and have aged out of the foster care system at age 18 or older are eligible for aftercare room and board assistance. Financial assistance up to \$500 per month may be used for rent, rent deposit, utilities, and food/groceries. There is a lifetime cap of \$3,000 of accumulated payments per client.

Case management is provided by community contractors or PAL staff while young adults receive financial assistance. Efforts are made to partner with local housing authorities, workforce development boards, and other community resources to ensure that youth in need receive services to help them achieve successful outcomes.

Resource for Youth Leaving Care

The Texas Youth Hotline is a resource for youths who are under 21 years of age, including those who have aged out of the foster care system. Youth may contact the

statewide hotline at 1-800-210-2278 for telephone counseling and information and referrals. The hotline can help young adults locate services available in their communities.

Tuition and Fee Waiver

Youths who are in DFPS substitute care on or after their 18th birthday, or who obtain their high school diploma or its equivalent while they are in foster or other residential care, may attend state supported vocational schools, colleges, and universities with tuition and fees waived. Youths who are adopted from foster care or who are eligible for adoption at age 14 or older may also be eligible for the waiver. This legislation was enacted in 1993, with revisions made in 1997.

College Partnerships

Texas A&M University at Commerce offers an unlimited number of \$1,000/year scholarships for residential housing, and staff or faculty mentors for youth. The University of Texas at Arlington provides a 50 percent discount on residential housing. The University of Texas at Pan American provides up to six residential housing scholarships per year. Southwest Texas State University and Western Texas College provide general scholarships. Texas A&M University at College Station is providing a supportive staff person to assist PAL students at the university.

Other Activities

PEAKS Camps

Two five-day experiential camps are held each year. The camps accommodate 40 youths each. The youth are accompanied by an adult, preferably their caseworker. Activities include ropes course activities, canoeing, expressive arts, swimming, nature hikes, skits, journal writing, etc. The camps are aimed at increasing self-esteem, improving communication and problem-solving skills, and having fun.

Statewide Teen Conference

Each year the Statewide Teen Conference is held on a college campus. Approximately 175 youths attend a three-day conference with workshops related to preparing for adulthood. The youths are accompanied by staff, preferably their caseworker.

College Weekend

Texas A&M University at Commerce holds a college weekend each spring. Approximately 70 youths who plan to attend college participate in two days of workshops related to attending college. Youths are offered individualized assistance filling out financial aid applications, etc.

Statewide Youth Leadership Committee (Youth Advisory Board)

The Statewide Youth Leadership Committee consists of one youth from each region. The committee addresses issues and formulates recommendations for improving services to children and youths in foster care. The group also reviews relevant policy as it is being developed.

Regional Activities

Several regions have regional Teen Conferences. If regional funding is available, other regional activities may include: wilderness trips, mentor programs, support groups, job development workshops, youth forums, etc.

Reference Sheet - Benefits for Youth Transitioning from Foster Care to Adult Living

This assistance is coordinated through the Preparation for Adult Living (PAL) Program of Child Protective Services.

1) Transitional Living Allowance (up to \$1,000 to be distributed in increments not to exceed \$500 per month)

- Must have been in DFPS paid foster or other residential care within the 24 months prior to initiating the allowance;
- Must be a U.S. citizen or qualified alien;
- Must have completed at least 5 hours of training in each of 5 of the 6 PAL life skills core elements (Any substitution of training hours or variance must be approved by the regional PAL supervisor);
- Must be moving or have moved into an independent living arrangement, or a supervised or semi-supervised setting;
- Must not be living with a designated perpetrator while receiving assistance;
- Must be employed, be actively seeking employment (for those youth who are able to work), be enrolled and attending school or college, or be receiving prevocational or vocational training services; and
- Must provide all information required by regional CPS staff.

Note: All payments must be made by the young adult's 21st birthday.

Participation in PAL training or services, while strongly encouraged, is not required for the following three benefits:

2) Aftercare Room and Board Assistance (based on need, up to \$500 per month with a total cap of \$3,000 of accumulated payments per young adult; variances may be considered in emergency or special circumstances.)

- Must be between 18 and 21 years of age;
- Must be a U.S. citizen or qualified alien;
- Must have aged out of foster care at age 18 or older (DFPS conservatorship and control must have been maintained until age 18);
- Must be in an educational program, be employed or actively seeking employment (for those who are able to work), or be receiving prevocational or vocational training services; and
- Must prove financial need.

Note: Some time-limited exceptions may be made in special medical or emergency situations.

3) Tuition and Fee Waiver (for Higher Education)

(a provision of Texas State Law, Section 54.211 of the Texas Education Code. While U.S. citizenship or qualified alien status is not required, it is strongly encouraged as young adults without such status will have difficulty obtaining any federal financial assistance at college.)

To be exempt from the payment of tuition and fees at a Texas state supported institution of higher education, the youth must:

1. Have been in DFPS conservatorship in foster or other residential care on or after:
 - the day preceding the 18th birthday;
 - the day the youth graduated from high school or received the equivalent of a high school diploma; or
 - the day of the youth's 14th birthday, if the youth was eligible for adoption (parental rights being terminated) on or after that day; and
2. Enroll as an undergraduate by his or her 21st birthday or not later than whichever of the following dates occurs first:
 - three years after the date the youth was discharged from foster or other residential care, or
 - three years after the date of high school graduation or completion of an equivalency of a high school diploma (GED).

Note: Youths who meet requirements and are adopted at age 14 and older are eligible.

(In Sept. 2003, a new provision of Texas State Law, Section 54.2111 of the Texas Education Code was added.)

The tuition and fee waiver program includes any person who was adopted and the subject of a written adoption assistance agreement.

Taken from: Preparation for Adult Living Program

http://www.dfps.state.tx.us/Child_Protection/Preparation_For_Adult_Living/

Child Protective Services Handbook Appendix 10212: Preparation for Adult Living Life Skills Training Curriculum Outline

CPS May 2011

The PAL Life Skills training curriculum includes, but is not limited to, the following core elements and topics:

Health and Safety

Goal

To provide information that will help youth make healthy choices concerning health care, hygiene, nutrition, birth control, sexual responsibility, and substance abuse. Youth will also develop an understanding of how stress and anger affects their lives, the warning signs of violence and how to access resources within their community when they are in need of help.

Desired Outcomes

- a. Understand their health care rights at age 16.
- b. Understand importance of personal hygiene.
- c. Understand importance of healthy eating.
- d. Learn how to find a doctor, make an appointment, and health care options when youth leave care.
- e. Develop and understanding of their sexual responsibility and risky behaviors.
- f. Understand all birth control options, how they are used, pros and cons of use and where to get them.
- g. Develop a better understanding of reproduction and pregnancy risks.
- h. Understand the different types of sexually transmitted Disease (STDs) and know the signs and dangers of STDs.
- i. Understand how to protect themselves against STDs.

- j. Understand the negative impact substance abuse has on self-sufficiency.
- k. Knowledge of the signs of addiction.
- l. Know how stress affects their lives and how to develop positive coping skills.

Minimum hours required in class: 5

Reinforcement Homework Activities (select at least 2):

- 1. Plan, shop for, and prepare a nutritious meal.
- 2. Create a balanced menu and a shopping list for three days.
- 3. Make a doctor or dentist appointment for yourself.
- 4. Develop a list of your current doctors, their addresses and phone numbers. Also list your medications, purposes and pharmacy.
- 5. Research local agencies that can help with substance abuse. Call to find out eligibility requirements.
- 6. Identify three ways to reduce or eliminate stress and practice for a week and evaluate the effectiveness of each strategy.

Minimum Standards Curriculum Outline

1. Personal Health Care

- 1.1 Review medical rights of foster youth at age 16.
- 1.2 Identify elements of good personal hygiene.
 - 1.2.1 Discuss importance of bathing, brushing teeth, washing and combing hair, use of deodorant and other personal hygiene items.
 - 1.2.2 Discuss importance of wearing clean clothes.
- 1.3 Identify elements of good nutrition.
- 1.4 Identify how to take care of personal health needs, including preventive care, making appointments, right to confidentiality, Medicaid and health insurance.

2. Sexual Responsibility

2.1 Describe various types, the transmission and prevention of STDs.

2.2 Tell where, how, and when to be tested for STDs.

2.3 List community resources pertaining to STDs.

2.4 List and compare different forms of birth control.

2.5 Describe basic reproductive anatomy (male and female).

2.6 Describe the process of human reproduction.

2.7 Discuss the options for being sexually responsible.

2.8 Identify your own personal values around sexual responsibility.

3. Substance Abuse

3.1 List reasons why people may use/ abuse drugs.

3.2 Describe the short and long term effects of drug use and abuse on relationships, self-sufficiency, and jobs.

3.3 List the warning signs of addictions.

3.4 Discuss where people can get help for substance abuse.

4. Coping and Stress Management

4.1 Label signs of stress due to physical, emotional, environmental, and situational events.

4.2 Compare positive and negative coping mechanisms.

4.3 Tell the difference between and list positive and negative support systems.

4.4 Describe when, who, and how to ask for help.

Housing and Transportation

Goal

To provide the tools and strategies for youth to plan for, find and maintain safe, affordable housing and transportation.

Desired Outcomes

- a. An understanding of the pros and cons of various housing options.
- b. An understanding of the pros and cons of various transportation options.
- c. An understanding of the legal responsibilities and ramifications of contracting for rental or purchase of property.

Minimum hours required in class: 5

Reinforcement Homework Activities (select at least 2):

1. Practice reading Apartment Classified ads.
2. Talk to someone who lives in an apartment and find out what expenses they have in addition to rent.
3. Select an apartment from an advertisement and prepare a monthly budget that includes all monthly expenditures.
4. Select a destination and use the Internet or call to find out the bus route to get there, how long it will take and how much it will cost.
5. Plan a bus trip and take it.
6. Select a car from the classified ads and make a budget to buy and maintain that car for one year (don't forget gas, insurance, and maintenance and monthly payments).

Minimum Standards Curriculum Outline:

1. Finding Housing

- 1.1 List the characteristics of safe housing.
- 1.2 Describe types of housing options that could be available after care and the qualifications for each (campus housing, military, job corps, rental properties and homeownership).
- 1.3 Compare various size and types of apartments (studio, efficiency, shared living).
- 1.4 Define boarding houses and rooms for rent.
- 1.5 Describe the transitional living programs available and their benefits.

- 1.6 Explain housing vouchers and how to apply for and use them (Section 8).
- 1.7 Describe the options for the homeless, such as shelters available in the area.
- 1.8 Consider the costs of housing, such as deposits, utilities, insurance.
- 1.9 Compare the costs of renting vs. owning, as well as benefits of each.
- 1.10 Define commonly used abbreviations in apartment advertising.
- 1.11 Practice reading apartment classified advertisements.
- 1.12 Compare the effect of various apartment selections on personal budgets.
- 1.13 Describe the role of apartment locator services.

2. Rentals, Leases, and Contracts

- 2.1 Review the questions asked on an apartment application and discuss issues such background checks, rental history, credit on application approval.
- 2.2 Complete a sample apartment application.
- 2.3 Review a tenant lease and discuss tenant rights and responsibilities. Describe the effects of breaking that lease, paying rent late, and damage to the unit.
- 2.4 Describe the legal ramifications of a signed lease.
- 2.5 Review an apartment inspection form (move in/move out).
- 2.6 Describe the negative effects of breaking a lease.
- 2.7 Explain the reasons you may be evicted.

3. Roommates and Shared Living

- 3.1 Describe the pros and cons of having a roommate.
- 3.2 Review a roommate agreement and describe the benefits of having a roommate agreement.
- 3.3 Consider options for sharing household duties and bill paying with a roommate.

3.4 List regular housekeeping duties and consider whom you can contact for needed repairs in your housing.

3.5 List precautions you should take so that you and your belongings stay safe.

4. Getting Around

4.1 List the types, costs, and benefits of public transportation available in your area.

4.2 Use a bus schedule to map out a route; determine the cost of doing so.

4.3 Describe steps to obtaining a driver's license and the responsibilities included with one.

4.4 Describe legal requirements for insurance coverage for drivers and the repercussions of not carrying insurance.

4.5 List steps to buying a car.

4.6 List the ways to research the cost, reliability, dealer reputation, safety information, and warranty on a vehicle.

4.7 Compare the options of paying cash or financing a vehicle.

4.8 List basic maintenance items on a vehicle.

4.9 Compare kinds of insurance for a vehicle and the costs (higher for young adults).

Job Readiness

Goal

To assist youth in attaining their full career potential by helping them consider, assess, and plan their education and employment goals and by supporting their ability to execute their plan.

Desired Outcomes

- a. A decision to complete high school or get a GED.
- b. Understanding of the role education plays in future economic success.
- c. Understanding of options for higher education and vocational training.

- d. Understanding of self-marketing (current transferable skills, relevance of a professional resume, and the importance of an interview).
- e. Knowledge of how to find and keep a job (including job search and job shadowing/internships).
- f. Recognition and development of a career plan (how to set goals, who to include, how to utilize all Workforce/Workforce Investment Act (WIA) services, and how to follow through).

Minimum hours required in class: 5

Reinforcement Homework Activities (select at least 2):

1. Explore local pay scales for jobs/careers of interest.
2. Find out what your school offers in terms of assistance or resources for help for classes, schedules, and planning for graduation.
3. Create a typical weekly schedule for a student who also works (include homework, writing papers, work schedule, extra-curricular activities, and leisure activities).
4. Research two careers of interest to you and describe a typical work day, the skills required and what you will learn on the job, expected starting pay and opportunities for advancement to better paying positions.
5. Create a resume and a cover letter.
6. Secure application and complete for a real job.
7. Practice a mock job interview.
8. Take a tour of a college campus.

Minimum Standards Curriculum Outline:

1. Link Between Education and Employment

- 1.1 Define livable wage job.
- 1.2 Compare the effect that level of formal education or trade education has on starting salary scale and lifetime earning ability.

2. Education – Finishing High School

2.1 Describe the positive effects and negative repercussions of completing or of not completing high school education with a GED or diploma.

2.2 Describe steps to accomplishing and how to overcome barriers to achieving an individual's education goal of graduation or GED completion.

2.3 Describe when, where, and who to go to for help in reaching educational goals (tutors, teachers help, and study skill classes.)

2.4 Discuss issues that keep students from meeting all of their time commitments and tools to help manage time.

3. Career Planning

3.1 Assess strengths using career interest inventory, personality profiler, and aptitude indicator. Determine three career options that are reasonable and obtainable based on assessments.

3.2 Define transferable job skills and their value in getting a job. (Skills you get from different roles you play in life- such as athlete, volunteer, artist, friend, family member, co-worker, and how to bring this up on a resume/interview).

3.3 Describe the value a job, volunteer work, and/or internships has on gaining experience or building transferable job skills.

3.4 Define and compare college, vocational school, or trade school education.

3.5 Describe alternative job skill training (WIA or on-the-job).

3.6 Learn where to find workforce: resources, programs, and centers in your area.

4. Job Readiness

4.1 Define elements of a resume and cover letter.

4.2 Describe and research ways to search for a job (friends or relatives, newspaper ads, applying directly to an employer, temporary agencies, internet research, government agencies, school placement center).

4.3 Review basic instructions on how to complete/not complete job applications; complete and critique practice application.

4.4 Participate in mock interview in class and give and receive feedback to improve interview skills.

4.5 Describe how to follow up after interviews and the importance of writing thank you notes.

4.6 Describe benefits of pre-employment options of job shadowing, internships, and mentors.

4.7 Describe ways to keep a job, ways to lose a job, and how to best deal with issues that may arise in the workplace.

4.8 Describe the best way to leave a job or to change jobs in many circumstances.

4.9 Describe dress code as it pertains to various jobs.

5. Higher Education

5.1 Research higher education options, including College for Texans (online).

5.2 Practice completing the Texas Common Application (online or printed).

5.3 Define the various higher education entrance tests (SAT, ACT, TASP, AP).

5.4 Define orientation at a place of higher education.

5.5 Describe student housing available for higher education.

5.6 Describe the different forms of financial aid available: (tuition waiver, ETV, FAFSA, other) and qualifications for each.

Financial Management

Goal

To provide the tools and information that will help youth develop skills that will lead to financial responsibility and independence.

Desired Outcomes

- a. An understanding of banking.
- b. An understanding of the effects of good and bad credit.
- c. An understanding of financial responsibility (bills).
- d. Awareness of the difference between wants and needs.

- e. Experience in developing and maintaining a budget.
- f. Experience reading a pay stub.
- g. Learn how to balance a checkbook.
- h. An understanding of the pros and cons of using credit cards, ATM and debit cards.
- i. A list of ways to protect against identity theft.

Minimum hours required in class: 5

Reinforcement Homework Activities (select at least 2):

1. Open a checking or saving account.
2. Make a budget for a week and track expenses.
3. List expenses when moving out on own and create plan for covering expenses.
4. Research identity or credit theft.
5. Research check cashing stores and fees.
6. Obtain credit report and review for accuracy.

Minimum Standards Curriculum Outline

1. Banking

- 1.1 List steps in opening a checking and/or savings account.
- 1.2 Compare debit cards, check cards, and credit cards and discuss responsible use.
- 1.3 Identify parts of a check.
- 1.4 Practice writing a check.
- 1.5 Describe the consequences of bouncing a check.
- 1.6 Describe how to make a deposit.
- 1.7 Identify steps to balance a checkbook.

1.8 Identify how and where to cash a check.

2. Pay Stub

2.1 Discuss differences between hourly and salaried employees.

2.2 Identify parts of a pay stub (hours worked, wages, gross and net pay, taxes, insurance deductions, benefits).

2.3 Describe the safest plan for signing and depositing your check.

3. Budgeting

3.1 Learn how to prioritize expenditures by comparing wants and needs.

3.2 Describe the importance of having and maintaining a budget.

3.3 Learn how to create a budget.

3.4 Discuss benefits and ways to save money.

3.5 Discuss earning enough to cover costs of living (full time versus part time, more than one job, higher wages).

4. Credit

4.1 Describe uses for credit cards.

4.2 Describe interest rates and discuss advantages of low interest versus high interest.

4.3 Identify the actions that lead to bad credit (late payments, non-payments, breaking a lease, and health debt.) and the effects of bad credit on credit scores.

4.4 Identify the actions that lead to good credit and the benefits of good credit.

4.5 Discuss ways credit companies target young adults.

4.6 Discuss scams and identity theft, how to avoid them and/or report them and potential consequences.

4.7 Define credit scores/ratings and discuss importance of scores.

4.8 List ways to get your credit report.

4.9 Review a credit report to locate important information.

4.10 Describe the process for disputing items on a credit report.

Life Decisions and Responsibilities

Goal

To provide a forum for youth to consider the many responsibilities and decisions they will be making as they move toward independent living.

Desired Outcomes

- a. An understanding of the legal rights and responsibilities of being an adult.
- b. An understanding of how and why certain documents are important and must be secured.
- c. An awareness of community resources and how to access them.
- d. A preliminary transition planning document.
- e. A list of caring adults and community supporters.

Minimum hours required in class: 5

Reinforcement Homework Activities (select at least 2):

1. Take a trip to the government offices that issue duplicate birth certificates or ID cards and find out the process for application.
2. Research online where to go in your county to get a driver's license and what is required to get a learner's permit. (add hyperlink to DPS website)
3. Tour your regional transition center or call to find out what services are available to you.
4. Tour your local workforce center or call to find out what services are available to you.
5. Visit or call or research online social service providers that offer transitional housing or emergency shelter.
6. Create a weeklong schedule for yourself that includes school, work, home duties, church or volunteer commitments.

7. Find out who the candidates are/were for a local, state, or national elections and describe their main campaign promises.

Minimum Standards Curriculum Outline

1. Legal Rights and Responsibilities

(Use *Now You Are 18*, published by [Texas Bar Auxiliary](#))

1.1 Describe the steps to registering to vote and the importance of doing so.

1.2 List the characteristics of a good citizen.

1.3 Define and tell the importance of jury duty.

1.4 Tell the requirements for and steps to register for the selective service, as well as the rationale for doing so.

1.5 Describe the legal requirements and responsibilities of signing various contracts and other legal documents, such as car loans, and apartment lease.

2. Legal Documents, Records, and Roots

2.1 List reasons why a birth certificate is important and tell how to get a copy.

2.2 List reasons why a Social Security card is important and tell how to receive a duplicate copy.

2.3 Explain how to qualify and earn a driver's license, as well as the effects/responsibilities of being a licensed driver.

2.4 Explain what a state ID is, how to get it and compare this to a driver's license.

See [10130](#) Documents Given to Youth Who are Transitioning to Adulthood

3. Community Resources and Awareness

3.1 List and describe the services your regional transition center offers.

3.2 List and describe the services your workforce center offers and your eligibility for those services.

3.3 List and describe the social service agencies and the resources offered in your community and how to find out about contacting.

3.4 Examine examples of referral forms and release of information forms and discuss why these are needed.

3.5 List things to ask when calling a community resource.

3.6 List and define information and referral services (211), hotlines, and help lines in your area.

3.7 List DFPS benefits, tell requirements to access them, who to contact to access them and the amount of money you may request and how and why these funds may be used.

3.8 Describe the qualification process and steps to applying for public assistance such as TANF and SNAP Employment & Training or public housing.

4. Life Decisions

4.1 Consider which educational path is a good match for your desired goals.

4.2 Compare jobs and career paths that will help you reach your desired goals.

4.3 Consider the many effects of significant relationships on desired goals (both positive and negative).

4.4 Consider the many effects of becoming a parent on desired goals (both positive and negative).

4.5 List the characteristics of quality childcare and the steps to locating it in your area.

5. Organizational Skills

5.1 Explore tools for time management and to keep track of multiple responsibilities and obligations.

5.2 List ways to organize and safeguard important documents.

5.3 Describe ways and reasons to keep personal information secure.

6. Your Transition Plan

6.1 Describe the process of setting goals and making action plans.

6.2 Discuss the DFPS transition planning process.

6.3 Discuss transition planning options (Circle of Support and transition plan meetings)

6.4 Review transition planning document.

6.5 Complete transition planning worksheets during each core element.

6.6 Discuss family connections and the options for and risks involved in reconnecting.

Personal and Social Relationships

Goal

To facilitate training that will promote positive peer relationships, develop appropriate communications skills, help youth to develop a sense of culture and respect for others, and build positive self-esteem.

Desired Outcomes

- a. A chance to practice developing and experience positive peer relationships.
- b. An awareness of appropriate communication skills.
- c. Respect for culture and ethnicity diversity.
- d. An understanding of self-esteem and personal strengths.
- e. Know the warning signs of violence.
- f. Understand what domestic violence resources are available and how to access them when needing help.

Minimum hours required in class: 5

Reinforcement Homework Activities (select at least 2)

1. Have a discussion with someone of a different culture or ethnicity and find out what is unique to him or her.
2. Describe similarities and differences between your culture or ethnicity and another person and how these can affect your relationship.
3. List five positive self-talk statements and practice them for one week.
4. Teach a conflict resolution skill to a caretaker or peer/sibling and discuss situations where it would work well.

5. Practice using new conflict resolution skills to resolve a conflict.

Minimum Standards Curriculum Outline

1. Interpersonal Relationships

1.1 List different relationships at home, school, and work and the skills needed to interact effectively in those relationships.

1.2 Discuss and identify personal boundaries and the importance of respect for personal space.

1.3 Identify characteristics of and practice forming positive relationships.

1.4 Describe the characteristics of a healthy partner relationship and the importance of making healthy choices.

2. Communication

2.1 Explain the importance of communication in relationships.

2.2 Identify how people communicate (verbal vs. non-verbal) and learn to recognize messages that non-verbal communication sends.

2.3 Identify the characteristics of and practice active listening.

2.4 Compare formal language, informal language, and slang and describe the appropriate situations for each.

2.5 Identify ways to express thoughts, ideas, anger, emotions and opinions in a healthy manner.

2.6 List and practice conflict resolution strategies.

3. Culture

3.1 Define and discuss cultural and ethnic diversity.

3.2 Discuss ways and reasons to respect cultural differences.

4. Self-Esteem

4.1 Define self-esteem.

4.2 Identify traits of a healthy self-esteem.

4.3 Identify the effects of positive self-talk vs. negative self-talk.

4.4 Identify ways to build positive self-esteem.

5. Anger Management

5.1 Explain when anger can be a healthy emotion.

5.2 Define the term de-escalation.

5.3 Tell examples of appropriately and inappropriately expressed anger.

5.4 List the warning signs of violence toward oneself and of violence toward others.

5.5 List resources for getting help with violence.

6. Paperwork

6.1 Take the ACLSA and participate in discussion on how it can help build an action plan for improving life skills.

6.2 Participate in a discussion about DFPS benefits for eligible and qualifying transitioning youth and how they may be accessed and for what they may be used.

6.3 Participate in the formation of class expectations and rules (group norms).

6.4 Agree on group norms.

Taken from: http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_px_x10212.jsp

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Vita

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